

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90765 026 ****61.25

DOCUMENT # 706785

1. Entity Name

**FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELEC
TIONS, INC.**



Principal Place of Business

**P.O. BOX 669
TALLAHASSEE FL 32302
US**

Mailing Address

**P.O. BOX 669
TALLAHASSEE FL 32302
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Post Office Box 271

Suite, Apt. #, etc.
Post Office Box 271

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip Country
32302 U.S.

Zip Country
32302 U.S.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3348295**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LABASKY, RONALD A.
318 N. MONROE ST
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Ronald A. Labasky
Street Address (P.O. Box Number is Not Acceptable)
310 West College Avenue
City
Tallahassee FL Zip Code
32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PE** ☐ Delete
NAME **BRYANT, DONNA**
STREET ADDRESS **370 N. BEAUMONT N.**
CITY-ST-ZIP **KISSIMMEE FL 34702**

TITLE **PD** ☒ Delete
NAME **IORIO, PAM**
STREET ADDRESS **601 E KENNEDY BLVD 16TH FL**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **SD** ☐ Delete
NAME **CLEM, KAY**
STREET ADDRESS **1890 25TH ST, STE N-109**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **PED** ☐ Delete
NAME **LABORE, THERESA**
STREET ADDRESS **301 N. OLIVE AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **Bill Cowles**
STREET ADDRESS **119 W. Kaley Street**
CITY-ST-ZIP **Orlando, FL 32806**

TITLE **PED** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PPD** ☒ Change ☐ Addition
NAME **Labor, Theresa**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Susan Gill**
STREET ADDRESS **120 N. Apopka Ave.**
CITY-ST-ZIP **Inverness, FL 34450**

TITLE **T** ☐ Change ☒ Addition
NAME **Terry Vaughan**
STREET ADDRESS **925-C N. Temple Ave.**
CITY-ST-ZIP **Starke, FL 32091**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUSAN GILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

850-681-0311
Daytime Phone #

CR2E037 (10/02)