

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM****Secretary of State****DOCUMENT # 730921****1. Entity Name**

FLORIDA FIRE SPRINKLER ASSOCIATION, INC.

Principal Place of Business200 WEST COLLEGE AVE
STE 209
TALLAHASSEE
32301

FL

Mailing Address200 WEST COLLEGE AVE
STE 209
TALLAHASSEE
32301

FL

2. Principal Place of Business

435 TULANE DRIVE

3. Mailing Address

435 TULANE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ALTAMONTE SPRINGS

FL

City & State

ALTAMONTE SPRINGS

FL

4. FEI Number**59-1584417****Applied For**

Not Applicable

Zip

32714

Country**Zip**

32714

Country**5. Certificate of Status Desired**☒**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**DEWAR, D.R.
200 WEST COLLEGE AVE
SUITE 313
TALLAHASSEE
32301

US

FL

7. Name and Address of New Registered Agent**Name**

RANDALL, STEVEN E.

Street Address (P.O. Box Number is Not Acceptable)
435 TULANE DRIVE**City**

ALTAMONTE SPRINGS

FL**Zip Code**

32714

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.

SIGNATURE **STEVEN E. RANDALL****04/25/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	DM	<input type="checkbox"/> Delete
NAME	DEWAR, DENNIS R.	
STREET ADDRESS	200 WEST COLLEGE AVE STE 313	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ANDERSON GARY	
STREET ADDRESS	10050 NW 116TH WAY BAY 16	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROBERTSON DON	
STREET ADDRESS	7795 NW 54TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, STEVEN E.	
STREET ADDRESS	435 TULANE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH LARRY	
STREET ADDRESS	10108 NORTH PALAFOX	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGINTON ALAN	
STREET ADDRESS	255 PRIMERA BOULEVARD, SUITE 230	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Steven E. Randall

DM

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)