

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

0029363

**DOCUMENT # 731395**

1. Entity Name

**FLORIDA SPILLAGE CONTROL ASSOCIATION, INC.**

04-24-2001 90317 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**605 TOWNSEND ROAD  
P.O. BOX 1847  
COCOA FL 32923  
US**

**P.O. BOX 1847  
COCOA FL 32923  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0173727**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOIVU, MARTIN S  
605 TOWNSEND ROAD  
COCOA FL 32926**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
**PD KOIVU, MARTIN S**  
STREET ADDRESS **605 TOWNSEND ROAD**  
CITY-ST-ZIP **COCOA FL 32923**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**VD MACDONALD, PAUL**  
STREET ADDRESS **263 13TH AVENUE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33733**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**SD FLUKE, TERRY**  
STREET ADDRESS **801 MCCLOSKEY BLVD.**  
CITY-ST-ZIP **TAMPA FL 33605**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**TD CERNICK, RANDY**  
STREET ADDRESS **3510 SOUTHEAST 19TH AVE.**  
CITY-ST-ZIP **PORT EVERGLADES FL 33316**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
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)(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:** *R.F. Cernick Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-20-01 954-728-8808*  
Date Daytime Phone #

CR2E037 (10/00)