

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90022 023 ****61.25

DOCUMENT # 733387

1. Entity Name
FLORIDA EMERGENCY PREPAREDNESS ASSOCIATION, INC.

Principal Place of Business

**3717 S CONWAY ROAD
 ORLANDO FL 32812
 US**

Mailing Address

**3717 S CONWAY ROAD
 ORLANDO FL 32812-7607
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

719 EAST PARK AVE

3. Mailing Address

719 E. PARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-2389989

Applied For

Not Applicable

Zip

32301

Country

LEON

Zip

32301

Country

LEON

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASH, DAVID
 3717 S CONWAY ROAD
 ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name: **KURT SPITZER**
 Street Address (P.O. Box Number is Not Acceptable): **719 EAST PARK AVE**
 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.

SIGNATURE: **KURT SPITZER** Exec. Director **2-2-00**
(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

TITLE	VD	<input type="checkbox"/> Delete
NAME	GISPERT, LARRY	
STREET ADDRESS	2711 E HANNA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATTERSON, ROBERT	
STREET ADDRESS	515 JULIA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASH, DAVID	
STREET ADDRESS	BARTOW AIRPORT, BLDG 250, SUITE 11	
CITY-ST-ZIP	BARTOW FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WINDON, KAREN	
STREET ADDRESS	1112 MANATEE AVE W, SUITE 525	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUPP, LYNN	
STREET ADDRESS	3717 S CONWAY ROAD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCQUEEN, RON	
STREET ADDRESS	3717 S CONWAY ROAD	
CITY-ST-ZIP	ORLANDO FL 32812	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURT SPITZER	
STREET ADDRESS	719 EAST PARK AVE	
CITY-ST-ZIP	Tallahassee FL 32301	
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)(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: **SIGNATURE REQUIRED SPITZER** **2-2-00** **850/561-0904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)