

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90051 049 \*\*\*\*61.25

**DOCUMENT # 733387**

1. Entity Name

**FLORIDA EMERGENCY PREPAREDNESS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

719 E PARK AVE  
 TALLAHASSEE FL 32301  
 US

719 E PARK AVE  
 TALLAHASSEE FL 32301  
 US

2. Principal Place of Business

3. Mailing Address

**3370 Capital Cir, NE**

**3370 Capital Cir, NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite D-2**

**Suite D-2**

City & State

City & State

**Tallahassee, FL**

**Tallahassee, FL**

Zip

Country

Zip

Country

**32308**

**32308**

4. FEI Number

**59-2389989**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPITZER, KURT**  
**719 E PARK AVE**  
**TALLAHASSEE FL 32301**

Name **Steve Glass**

Street Address (P.O. Box Number is Not Acceptable)  
**3370 Capital Cir, NE**

**Suite D-2**

City **Tallahassee, FL**

**FL**

Zip Code **32308**

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

*[Handwritten Signature]*

**1/26/02**

**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 **PD**  Delete  
 NAME **GISPERT, LARRY**  
 STREET ADDRESS **2711 E HANNA AVE**  
 CITY-ST-ZIP **TAMPA FL**

TITLE **P.P.**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **LOCKE, JIM**  
 STREET ADDRESS **719 E PARK AVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **TRAIL, CHARLES**  
 STREET ADDRESS **719 E PARK AVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PP**  Delete  
 NAME **WINDON, KAREN**  
 STREET ADDRESS **1112 MANATEE AVE W, SUITE 525**  
 CITY-ST-ZIP **BRADENTON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ED**  Delete  
 NAME **SPITZER, KURT**  
 STREET ADDRESS **719 E PARK AVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **E.D.**  Change  Addition  
 NAME **Steve Glass**  
 STREET ADDRESS **3370 Capital Cir, NE Suite D-2**  
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **VP**  Delete  
 NAME **MCQUEEN, RON**  
 STREET ADDRESS **719 EAST PARK AVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **PD**  Change  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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/26/02**  
 Date

**850-906-0779**  
 Daytime Phone #

CFR2E037 (9/01)