

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90136 028 \*\*\*\*61.25

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**DOCUMENT # 733387**

1. Entity Name

**FLORIDA EMERGENCY PREPAREDNESS ASSOCIATION, INC.**



Principal Place of Business

**3370 CAPITAL CIR NE  
STE D-2  
TALLAHASSEE FL 32301  
US**

Mailing Address

**3370 CAPITAL CIR NE  
STE D-2  
TALLAHASSEE FL 32301  
US**

2. Principal Place of Business

*3015 Shannon Lakes North*

3. Mailing Address

*3015 Shannon Lakes North*

Suite, Apt. #, etc.

*Suite 303*

Suite, Apt. #, etc.

*Suite 303*

City & State

*Tallahassee, FL*

City & State

*Tallahassee, FL*

Zip

*32309*

Country

Zip

*32309*

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2389989**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GLASS, STEVE  
3370 CAPITAL CIRCLE NE  
STE D-2  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name: *Steve Glass*  
Street Address (P.O. Box Number is Not Acceptable): *3015 Shannon Lakes North*  
*Suite 303*  
City: *Tallahassee* FL Zip Code: *32309*

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]*

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

(NOTE: Registered Agent signature required when reinstating)

*3/7/03*

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GISPERT, LARRY 2711 E HANNA AVE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOCKE, JIM 719 E PARK AVE TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAIL, CHARLES 719 E PARK AVE TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP WINDON, KAREN 1112 MANATEE AVE W, SUITE 525 BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GLASS, STEVE 3370 CAPITAL CIRCLE NE STE D-2 TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCQUEEN, RON 719 EAST PARK AVE TALLAHASSEE FL 32301	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>3015 Shannon Lakes North Suite 303 Tallahassee, FL 32309</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>3015 Shannon Lakes North Suite 303 Tallahassee, FL 32309</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>3015 Shannon Lakes North Suite 303 Tallahassee, FL 32309</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
**SIGNATURE REQUIRED**

*3/7/03 800-966-0779*

CR2E037 (10/02)