

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90024 032 ****70.00

DOCUMENT # 736383

1. Entity Name

ALARM ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

1802 NORTH UNIVERSITY DRIVE
 PMB 329
 PLANTATION FL 33322
 US

Mailing Address

1802 NORTH UNIVERSITY DRIVE
 PMB 329
 PLANTATION FL 33322
 US

917970



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

59-1877381

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

NEELY, BOB
1802 NORTH UNIVERSITY DRIVE
PMB 329
PLANTATION FL 33322

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	STREET ADDRESS	CITY-ST-ZIP	Delete
TD	THODEY, CLYDE JR	675 OLEANDER DRIVE	MERRITT ISLAND FL	<input checked="" type="checkbox"/>
PD	POLLACK, ROY	206 NE 3RD ST	BOYNTON BEACH FL	<input type="checkbox"/>
VD	WORTHY, ROBERT	580-B RIVERSIDE DRIVE	CORAL SPRINGS FL 33071	<input type="checkbox"/>
SD	SAMMONS, ROBERT	4016 43 AVENUE	VERO BEACH FL 32960	<input checked="" type="checkbox"/>
V				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/D	Ronald Toole	PoBox 968	Ft Walton Beach, FL 32549	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	Norman Mugford	227 St Joe Plaza Drive	Palm Coast, FL 32164	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-5-2001** Daytime Phone #: **800-899-2099**

CR2E037 (10/00)

Alarm Association of Florida, Inc ^{Attachment 9, 17970}

Document# 736383

Box 11 Additions:

Title: T/D

Name: Ed McDaniel, III

Address: 4417 F Constitution Lane

City-St,zip: Marianna, FL 32448
