

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90202 003 ****61.25

DOCUMENT # 739311

1. Entity Name

FLORIDA SOLAR ENERGY INDUSTRIES ASSOCIATION, INC



Principal Place of Business

**145 WEKIVA SPRINGS RD
STE 187
LONGWOOD FL 32779
US**

Mailing Address

**145 WEKIVA SPRINGS RD
STE 187
LONGWOOD FL 32779
US**

2. Principal Place of Business

231 West Bay Avenue

3. Mailing Address

231 West Bay Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number **59-2022792**

Applied For

Not Applicable

Zip

32750-4125

Country

Seminole

Zip

32750-4125

Country

Seminole

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KETTLES, COLLEEN
145 WEKIVA SPRINGS RD
STE 187
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

R. Bruce Kershner

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

231 West Bay Avenue

City

Longwood

FL

Zip Code

32750-4125

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

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

R. Bruce Kershner

4/22/03

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D LANE, TOM 6120 SW 13TH STREET GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HARRIMAN, TOM 140 JAMES STREET VENICE FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ZRALLACK, ROBERT 160 SMALLWOOD AVENUE FT PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LIPPY, BILL 612 BRIDGERS AVENUE WEST AUBURNDALE FL 33823	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/D KETTLES, COLLEEN 145 WEKIVA SPRINGS RD 187 LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DENAPOLI, PETER 6909 SW 18TH STREET STE A-301-B BOCA RATON FL 33487	<input type="checkbox"/> Delete

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:

R. Bruce Kershner
SIGNATURE AND WHEN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Bruce Kershner 4/22/03

407/339-2010

CR2E037 (10/02)