

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747738

1. Entity Name

THE FLORIDA ASSOCIATION OF OCCUPATIONAL LICENSIN

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90129 029 \*\*\*\*61.25

Principal Place of Business  
100 NW 1ST AVE  
DELRAY BCH FL 33444  
US

Mailing Address  
100 NW 1ST AVE  
DELRAY BCH FL 33444-2612  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1922100

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

DESORMEAU, JOYCE  
121 N.E. 16TH STREET  
DELRAY BEACH FL 33444

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARNES, ANN	
STREET ADDRESS	524 NE 21ST COURT	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HILL, CAROL	
STREET ADDRESS	501 BAY ISLES RD	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAINWATER, JOHN	
STREET ADDRESS	PO BOX 1835, 1410 MARKET ST., STE C1-32312	
CITY-ST-ZIP	TALLAHASSEE FL 32302-1835	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DESORMEAU, JOYCE A.	
STREET ADDRESS	100 N.W. 1ST AVE.	
CITY-ST-ZIP	DELRAY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARBARA BUKOVAN	
STREET ADDRESS	225 1ST AVE SW	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELLANO, ADRIANA	
STREET ADDRESS	PO BOX 2200, 2105 N. NEBRASKA - 33602	
CITY-ST-ZIP	TAMPA FL 33601-2200	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Fick	
STREET ADDRESS	5985 10th Ave. North	
CITY-ST-ZIP	Greenacres City, FL 33463	
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Castellano, Adriana	
STREET ADDRESS	PO Box 2200, 2105 N. Nebraska - 33602	
CITY-ST-ZIP	Tampa, FL 33601-2200	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00 (561) 243-7205

CR2E037 (9/99)