

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

0015632

DOCUMENT # 747738

1. Entity Name

THE FLORIDA ASSOCIATION OF OCCUPATIONAL LICENSING  
OFFICIALS, INC., (FAOLO),



FILED

03 OCT 27 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

401 WEST VENICE AVE  
VENICE FL 34285-2006  
US

Mailing Address

401 WEST VENICE AVE  
VENICE FL 34285-2006  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1922100

Applied For  
Not Applicable

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

HOEFERT, EDWARD  
401 WEST VENICE AVE  
VENICE FL 34285-2006

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25

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 D ☐ Delete  
NAME BARNES, ANN  
STREET ADDRESS 524 NE 21ST COURT  
CITY-ST-ZIP WILTON MANORS FL

☐ Change ☐ Addition  
600023753216  
10/13/03--01080--001 \*\*\$61.25

TITLE SD ☐ Delete  
NAME HOEFERT, EDWARD  
STREET ADDRESS 401 WEST VENICE AVE  
CITY-ST-ZIP VENICE FL 34285-2006

☐ Change ☐ Addition  
600023753216  
10/27/03--01014--023 \*\*\$175.00

TITLE D ☐ Delete  
NAME PINKERMAN, MARY  
STREET ADDRESS 1701 BARBADOS RD  
CITY-ST-ZIP LAKE CLARKE SHORES FL 33406

☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME KELLY, SANDRA  
STREET ADDRESS 100 B US HWY 1  
CITY-ST-ZIP FORT PIERCE FL 34950

☐ Change ☐ Addition

TITLE T ☐ Delete  
NAME BARBARA BUKOVAN  
STREET ADDRESS 201 HIGHLAND AVE  
CITY-ST-ZIP LARGO FL 33770

☐ Change ☐ Addition

TITLE PD ☐ Delete  
NAME CASTELLANO, ADRIANA  
STREET ADDRESS PO BOX 2200, 2105 N. NEBRASKA - 33602  
CITY-ST-ZIP TAMPA FL 33601-2200

☐ Change ☐ 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 of Edward F. Hoefert*

Edward F. HOEFERT

8-11-03

941-486-2626

CR2E037 (4/03)