2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

Mar 05, 2002 8:00 am Secretary of State **DOCUMENT # 748726** 1. Entity Name FLORIDA POWER EMPLOYEES ASSOCIATION 03-05-2002 90140 019 ****70.00 Principal Place of Business Mailing Address BREWSTER, DIANA L BREWSTER, DIANA 3324 HOLIDAY AVE 3324 HOLIDAY AVE APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-0970195 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BREWSTER, DIANA L 3324 HOLIDAY AVE APOPKA FL 32703 City 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 (NOTE: Registered Agent signature required 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) Delete TITLE **TA** Change TITLE Addition HERMAN, Larry HERMAN, LARRY NAME NAME P. D. BOX 1029 4505 SADLER RD. CR2E037 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-7IP APOPKA FL 32798- 1029 ☐ Delete TITLE Change ■ Addition BREWSTER, DIANA NAME NAME STREET ADDRESS 312 MURCOTT DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL TITLE TITLE □ Change ☐ Addition Delete LEGG, JOANNA NAME NAME STREET ADDRESS 3324 HOLIDAY AVE STREET ADDRESS CITY-ST-ZIF APOPKA FL 32703 CITY-ST-ZIP TITLE TITLE Addition Delete M Change Pounders, Linda 1126 Martex Drive DECAPRIO, LINDA NAME NĂME STREET ADDRESS 1126 MARTEX DRIVE STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP <u> Apopka, FL 32703</u> ☐ Delete Change TITI F TITLE ☐ Addition WILSON, YVETTE NAME NAME STREET ADDRESS 3324 HOLIDAY AVE STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED