

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752678

1. Entity Name

FLORIDA WOODWORKERS ASSOCIATION, INC.

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90008 031 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1023
FT WALTON BCH FL 32547

P.O. BOX 1023
FT WALTON BCH FL 32549-1023

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

59-2891992

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

WOLNIEWICH, PETER
106 WOODBINE CIRCLE
FORT WALTON BEACH FL 32548

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
NAME PD
STREET ADDRESS WOLNIEWICH, PETER
CITY-ST-ZIP 106 WOODBINE CIRCLE
FORT WALTON BEACH FL 32548 ☐ Delete

TITLE
NAME WOLNIEWICZ, Peter ☐ Change ☐ Addition
STREET ADDRESS Spelling
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME VT
STREET ADDRESS COUNSMAN, RANDAL
CITY-ST-ZIP 53 5TH AVENUE, BOX 294
SHALIMAR FL 32579 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ST
STREET ADDRESS STONE, GEORGE
CITY-ST-ZIP 43 HOLLY AVENUE
SHALIMAR FL 32579 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME TD
STREET ADDRESS HANDLEY, DOUGLAS
CITY-ST-ZIP 421 CORUET ST
FT WALTON BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

PETER WOLNIEWICZ, Peter Wolniewicz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 8, 2000 850-862-3460

Date

Daytime Phone #

CR2E037 (9/99)