

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90033 025 ****61.25

DOCUMENT # 757598

1. Entity Name

P.A.R.C.O. ARSON CO-OP OF FLORIDA, INC.

Principal Place of Business

P.O. BOX 2507
 LARGO FL 33779
 US

Mailing Address

P.O. BOX 2507
 LARGO FL 33779
 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

59-2099496

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

WARREN, THOM
11195 70TH AVE N
SEMINOLE FL 33772

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 **P** ☒ Delete
 NAME **WARREN, THOM**
 STREET ADDRESS **11195 70TH AVE N**
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **Secretary** ☐ Change ☐ Addition
 NAME **Walter Schneider**
 STREET ADDRESS **10750 Ulmerton Rd**
 CITY-ST-ZIP **Largo FL 33778**

TITLE **VP** ☒ Delete
 NAME **WARMAN, JAMES**
 STREET ADDRESS **250 CLEVELAND AVE SW**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE **Vice President** ☐ Change ☐ Addition
 NAME **Donald Feaster**
 STREET ADDRESS **1321 Chesterfield Dr**
 CITY-ST-ZIP **Cleawater FL 35756**

TITLE **T** ☒ Delete
 NAME **STRONG, STEVE**
 STREET ADDRESS **250 CLEVELAND AVE S.W.**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **Ann Reishus**
 STREET ADDRESS **111 W. State St**
 CITY-ST-ZIP **Oldsman FL 34677**

TITLE **S** ☐ Delete
 NAME **KEMERER, RON**
 STREET ADDRESS **4017 56TH AVE N**
 CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE **President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **HINDER, RANDY**
 STREET ADDRESS **11195 70TH AVE N**
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **Director** ☒ Change ☐ Addition
 NAME **Frank Lowman**
 STREET ADDRESS **3007 Alt. 19N**
 CITY-ST-ZIP **Palm Harbor FL 34683**

TITLE **D** ☒ Delete
 NAME **SACCASYN, ERIC**
 STREET ADDRESS **530 WEST KENNEDY BLVD**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **Director** ☐ Change ☐ Addition
 NAME **John Debel**
 STREET ADDRESS **645 Pierce St**
 CITY-ST-ZIP **Cleawater FL 33752**

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 #

CR2E037 (10/00)