

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90402 038 ****61.25

DOCUMENT # F95000002306

1. Entity Name
AUTOMATIC FIRE ALARM ASSOCIATION, INC.



Principal Place of Business

**2499 OLD LAKE MARY
SUITE 102
SANFORD FL 32771
US**

Mailing Address

**P.O. BOX 951807
LAKE MARY FL 32795-1807**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3630660**

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

**NEIBAUER, LAWRENCE L
841 EAGLE CLAW CT.
LAKE MARY FL 32746-4881**

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

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 **P** ☒ Delete
NAME **NORTON, THOMAS F**
STREET ADDRESS **16 CHERRY ST.**
CITY-ST-ZIP **CAMBRIDGE MA 02139-3473**

TITLE **CHAIR of the BOARD** ☒ Change ☐ Addition
NAME **BALLEW, JUNE**
STREET ADDRESS **273 BRANCHPORT AVE**
CITY-ST-ZIP **LONG BRANCH, NJ 07740**

TITLE **P** ☐ Delete
NAME **BOURGEOIS, ROGER**
STREET ADDRESS **STATION 1, BOX 10157**
CITY-ST-ZIP **HOUMA LA 70363-0157**

TITLE **VICE CHAIR** ☒ Change ☐ Addition
NAME **BOURGEOIS, ROGER**
STREET ADDRESS **STATION 1, BOX 10157**
CITY-ST-ZIP **HOUMA, LA 70363-0157**

TITLE **D** ☒ Delete
NAME **BALLEW, JUNE**
STREET ADDRESS **273 BRANCHPORT AVE.**
CITY-ST-ZIP **LONG BRANCH NJ 07740**

TITLE **SECRETARY/TREASURER** ☐ Change ☒ Addition
NAME **FRASER, BRUCE**
STREET ADDRESS **100 SIMPLEX DR.**
CITY-ST-ZIP **WESTMINSTER, MA 01473**

TITLE **P** ☐ Delete
NAME **NEIBAUER, LAWRENCE L**
STREET ADDRESS **841 EAGLE CLAW CT.**
CITY-ST-ZIP **LAKE MARY FL 32746-4881**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **NORTON, THOMAS F.**
STREET ADDRESS **16 CHERRY ST.**
CITY-ST-ZIP **CAMBRIDGE, MA 02139-3473**

TITLE **PD** ☐ Delete
NAME **BLACK, ART**
STREET ADDRESS **BOX 7168**
CITY-ST-ZIP **CARMEL BY THE SEA CA 93921**

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

TITLE **D** ☐ Delete
NAME **CLARY, SHANE**
STREET ADDRESS **925 YGNACIO VALLEY RD. #100**
CITY-ST-ZIP **WALNUT CREEK CA 94596-3875**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SUBMITTED BY L. L. NEIBAUER 4/28/03 407-3226288**

CR2E037 (10/02)