

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15411

1. Entity Name

NATIONAL CONFERENCE OF FIREMEN AND OILERS LOCAL

Principal Place of Business

% FREDERICK D. WINTERS  
1243 CENTRAL AVENUE  
ST. PETERSBURG FL 33705

Mailing Address

% FREDERICK D. WINTERS  
1243 CENTRAL AVENUE  
ST. PETERSBURG FL 33705-1652

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

23-7347454

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

WINTERS, FREDERICK D.  
1243 CENTRAL AVENUE  
ST. PETERSBURG FL 33705

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

*Frederick D. Winters*

1-11-2000

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 PD  
NAME WINTERS, FREDRICK D  
STREET ADDRESS 664 63RD STREET S.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE STD  
NAME PICKARD, WILLIAM A  
STREET ADDRESS 739 22ND STREET N.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE T  
NAME MOLODY, JOSEPH A  
STREET ADDRESS 11955 3RD STREET E., APT 4  
CITY-ST-ZIP TREASURE ISLAND FL ☐ Delete

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

TITLE T  
NAME JENKINS, JOHN J  
STREET ADDRESS 1927 30TH AVENUE N.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE T  
NAME FLING, ROGER  
STREET ADDRESS 200 72ND AVENUE N.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE VP  
NAME ROBINSON, ROBERT L  
STREET ADDRESS 6730 15TH AVENUE S.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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: *William A. Pickard* William A. Pickard

Date

Daytime Phone #

CR2E037 (9/99)