2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90945 038 ****61.25

0025760

DOCUMENT # N18206

1. Entity Name

FLORIDA PUBLIC PERSONNEL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% DAVID V. KORNREICH 776 N.E. 125TH STREET NORTH MIAMI FL 33161	255 SOUTH ORANGE AVENUE STE. 1525. CNA TOWER ORLANDO FL 32801 US

737114

DO NOT WRITE IN THIS SPACE

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 59-2808589 ☐ 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
KORNREICH, DAVID V. SUITE 1525, CNA TOWER 255 SOUTH ORANGE AVENUE ORLANDO FL 32801	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 / STREET ADDRESS / CITY-ST-ZIP	PD STORCK, LYDIA 306 E. JACKSON ST. 016A7N TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE MOALE, MARGIE 9551 W. SAMPLE RD. CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLANTON, BRENDA 524 NE 21 CT. WILTON MANORS FL 33305	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Percy Harden 330 West Church St. Bartow FL 33831	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TUDEEN, MIKE 2621 SE HAWTHONRE RD-PO BOX 1210 GAINESVILLE FL 32602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LASTER, DEBRA 7501 NORTH JOG RD WEST PALM BEACH FL 33412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SKELTON, LINDA 18500 MURDOCK CIR PORT CHARLOTTE FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☑ Change ☐ Addition

CR2E037 (10/00)

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: Linda J. Skelton SIGNATURE REQUIRED Linda J Skelton 4/25/01 561 221 1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #