

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18206

1. Entity Name

FLORIDA PUBLIC PERSONNEL ASSOCIATION, INC.

Principal Place of Business

% DAVID V. KORNREICH
776 N.E. 125TH STREET
NORTH MIAMI FL 33161

Mailing Address

255 SOUTH ORANGE AVENUE
STE. 1525. CNA TOWER
ORLANDO FL 32801
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

59-2808589

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 PD
NAME STORCK, LYDIA
STREET ADDRESS 306 E. JACKSON ST. 016A7N
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

TITLE PE
NAME MOALE, MARGIE
STREET ADDRESS 9551 W. SAMPLE RD.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

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

TITLE PD
NAME CLANTON, BRENDA
STREET ADDRESS 524 NE 21 CT.
CITY-ST-ZIP WILTON MANORS FL 33305 ☒ Delete

TITLE SD
NAME Percy Harden
STREET ADDRESS 330 West Church St.
CITY-ST-ZIP Bartow FL 33831 ☒ Change ☐ Addition

TITLE TD
NAME TUDEEN, MIKE
STREET ADDRESS 2621 SE HAWTHORNE RD-PO BOX 1210
CITY-ST-ZIP GAINESVILLE FL 32602 ☐ Delete

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

TITLE VPD
NAME LASTER, DEBRA
STREET ADDRESS 7501 NORTH JOG RD
CITY-ST-ZIP WEST PALM BEACH FL 33412 ☐ Delete

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

TITLE SD
NAME SKELTON, LINDA
STREET ADDRESS 18500 MURDOCK CIR
CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☐ Delete

TITLE TD
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)(l), 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* REQUIRED Linda J Skelton 4/25/01 561 221 1320

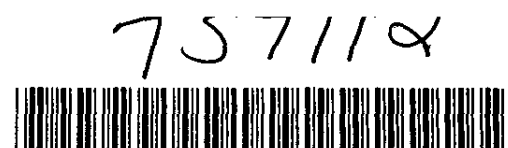
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90945 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)