2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 07, 2002 8:00 am Secretary of State **DOCUMENT # N18206** 1. Entity Name 02-27-2002 90035 018 \*\*\*\*61.25 FLORIDA PUBLIC PERSONNEL ASSOCIATION, INC. Principal Place of Business Mailing Address % DAVID V. KORNREICH 255 SOUTH ORANGE AVENUE 776 N.E. 125TH STREET STE. 1525. CNA TOWER NORTH MIAM! FL 33161 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2808589 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KORNREICH, DAVID V.-- ---SUITE 1525, CNA TOWER 255 SOUTH ORANGE AVENUE City Zip Code ORLANDO FL 32801 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SEZ. Deleta Addition (9/01) ☐ Change TITLE TITLE **STORCK, LYDIA** NAME NAME Michelle.stayned **JR2E037** STREET ADDRESS 308 E. JACKSON ST. 016A7N STREET ADDRESS P.O. BOX 2277 R 33883 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 WINKE HARD PD PAST PLESIDENT ☐ Change Addition TITLE ☐ Defete TITLE TLEASULUL ALLETTE STENBLELIER MOALE, MARGIE NAME NAME STREET ADDRESS 9551 W. SAMPLE RD. STREET ADDRESS Andrews AVE. CITY-ST-ZIP 33301 CITY-ST-ZIP **CORAL SPRINGS FL 33065** - Lauderdale, SOVKE PLUS DONT TITLE Delete\_ TITLE Change ☐ Addition HARDEN, PERCY NAME NAME STREET ADDRESS STREET ADDRESS 330 WEST CHURCH ST. CITY-ST-ZIP BARTOW FL 33831 CITY-ST-7IP **VPN** Delete ☐ Addition TITLE TITLE ☐ Change TUDEEN, MIKE NAME NAME STREET ADDRESS 2621 SE HAWTHONRE RD-PO BOX 1210 STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32602** PR PRESIDENT ☐ Addition TITLE ☐ Defete Change Change TITLE Laster, debra NAME NAME STREET ADDRESS 7501 NORTH JOG RD STREET ADDRESS WEST PALM BEACH FL 33412 CITY-ST-ZIP TO PLES IDEM - BUELI ☐ Addition TITLE □ Delete TITLE Change Change SKELTON, LINDA NAME NAME 18500 MURDOCK CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33948 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.

FILED