

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44720

1. Entity Name

FLORIDA SAFETY & HEALTH INSTITUTE, INC.

Principal Place of Business

Mailing Address

MONROE PARK TOWER, SUITE 900  
101 N MONROE STREET  
TALLAHASSEE FL 32301  
US

POST OFFICE BOX 200  
TALLAHASSEE FL 32302-0200  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCONNAUGHAY, JAMES N.  
101 N. MONROE ST.  
SUITE 900  
TALLAHASSEE FL 32301

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

TITLE	D	<input type="checkbox"/> Delete
NAME	REVELS, CLAUDE	
STREET ADDRESS	8019 BAYBERRY RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCONNAUGHAY, JAMES N.	
STREET ADDRESS	2806 WALTER SCOTT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAIN, MARION	
STREET ADDRESS	P O BOX 1687 N/A	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELVECCHIO, JOHN	
STREET ADDRESS	1390 MAIN ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEWAR, BUDDY	
STREET ADDRESS	200 WEST COLLEGE AVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90054 040 \*\*\*\*61.25

00010411



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3081777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1/20/00

850-222-8121

Date

Daytime Phone #