

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N44720

FILED
Apr 25, 2003
Secretary of State

Entity Name: FLORIDA SAFETY & HEALTH INSTITUTE, INC.

Current Principal Place of Business:

MONROE PARK TOWER, SUITE 960
101 N MONROE STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 200
TALLAHASSEE, FL 323020200 US

New Mailing Address:

FEI Number: 59-3081777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REVELS, CLAUDE
Address: 8019 BAYBERRY RD.
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: MCCONNAUGHAY, JAMES N
Address: 101 N. MONROE ST, S 900, MONROE PARK TOWER
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BAUMANN, MARGARET
Address: 1702 MARKHAM GLEN CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: DEWAR, BUDDY
Address: 200 WEST COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES N. MCCONNAUGHAY

D

04/25/2003

Electronic Signature of Signing Officer or Director

Date