

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90049 034 ****70.00

DOCUMENT # N48248

1. Entity Name

FLORIDA ASSOCIATION OF PROFESSIONAL EMTS AND PAR

Principal Place of Business

Mailing Address

PO BOX 6325
 TALLAHASSEE FL 32314-6325

PO BOX 6325
 TALLAHASSEE FL 32314-6325

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

59-3155135

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARBER, ANDREW J
1551 SPRUCEWOOD TRAIL
TALLAHASSEE FL 32311

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: **ANDREW J. FARBER**

Andrew J. Farber

2/14/00

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	<input type="checkbox"/> Delete
MTSD	FARBER, ANDREW J	1551 SPRUCEWOOD TRAIL	TALLAHASSEE FL	<input type="checkbox"/>
PD	STEWART, GAIL	4432 KENSINGTON ROAD	TALLAHASSEE FL	<input type="checkbox"/>
VD PD	SOARD, TODD	7220 NW 39TH MANOR	CORAL SPRINGS FL	<input type="checkbox"/>
VD	CHAPMAN, CLIFF	P.O. BOX 548 N/A	GAINESVILLE FL	<input checked="" type="checkbox"/>
VD	ERIKSEN JOE	116 20TH AVE	VERO BEACH FL	<input type="checkbox"/>
D	KEMP, MAC	3638 OCEAN DR	TLA, FL	<input checked="" type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VD	KOPKA, WALTER	2437 Pinewoods Circle	Naples, FL 34105	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	MARTINELLI, BRITTANY	8134 Lakepointe Dr.	Plantation, FL 33314	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PARKER, LLOYD	307 INDIAN RIVER DR.	COCOA, FL 32922	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	ODOM, Matthew	1326 E. CALL ST.	STARKE, FL 32091	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	KEMP, MAC	3638 OCEAN DR.	TLA, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Andrew J. Farber* **ANDREW J. FARBER** 2/14/00 850-942-1839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)