

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90075 002 ****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

4. FEI Number

59-3155135

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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, 1/22/01**
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	MTSD	<input type="checkbox"/> Delete
NAME	FARBER, ANDREW J	
STREET ADDRESS	1551 SPRUCEWOOD TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, GAIL	
STREET ADDRESS	4432 KENSINGTON ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOARD, TODD	
STREET ADDRESS	7220 NW 39TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOPKA, WALTER	
STREET ADDRESS	2437 PINWOODS CIR	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERIKSEN JOE	
STREET ADDRESS	116 20TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARINELLI, BRITTANY	
STREET ADDRESS	3134 LAKE POINTE DR	
CITY-ST-ZIP	PLANTATION FL 33314	

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		

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 1/22/01** **850-942-1839**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)