

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50196

1. Entity Name

FLORIDA SAFETY ASSOCIATION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90077 044 ****70.00

Principal Place of Business

427 N. PRIMROSE DR
 SUITE A
 ORLANDO FL 32803

Mailing Address

427 N. PRIMROSE DR
 SUITE A
 ORLANDO FL 32803-5012

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

59-3173123

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, THOMAS
 427 N. PRIMROSE DR
 SUITE A
 ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name THOMAS P. GUILMET
 Street Address (P.O. Box Number is Not Acceptable)
427 N. PRIMROSE DRIVE
 City ORLANDO FL 32803

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 PD ☐ Delete
 NAME DIGGS, DAVID
 STREET ADDRESS 5670 S. LAKE BURKETT LN
 CITY-ST-ZIP WINTER PARK FL 32792

TITLE TD ☐ Delete
 NAME GALLEGOS, LINDA H
 STREET ADDRESS 7306 SWALLOW RUN
 CITY-ST-ZIP WINTER PARK FL 32792

TITLE D ☐ Delete
 NAME FREIS, GERALD
 STREET ADDRESS 1426 W STETSON ST
 CITY-ST-ZIP ORLANDO FL 32804

TITLE SD ☐ Delete
 NAME GUILMET, THOMAS
 STREET ADDRESS 427 N PRIMROSE DR
 CITY-ST-ZIP ORLANDO FL 32803

TITLE M ☒ Delete
 NAME SMITH, THOMAS
 STREET ADDRESS 427 N PRIMROSE DR, SUITE A
 CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (407) 897-4412
 Date Daytime Phone #