

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000117

1. Entity Name

FLORIDA FBIA-PBL ASSOCIATION AND FOUNDATION, INC

Principal Place of Business

18315 SAM C RD
BROOKSVILLE FL 34613
US

Mailing Address

PO BOX 10039
BROOKSVILLE FL 34603

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

23-7147579

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DEVITT, MARLA G.
6255 BIRD ROAD
MIAMI FL 33155

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAD
RONALD BELSCHER
18315 SAM C ROAD
BROOKSVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HILLEN, MATT
38727 BLANTON RD
DADE CITY FL 33523 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SA
JONES, JODY
P O BOX 10039
BROOKSVILLE FL 34603 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THOMAS, KURT
P O BOX 10039
BROOKSVILLE FL 34613 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STATE ADVISER
KURT THOMSON ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
JENKINS, SHERRY
4908 BRIAR OAKS CIR
ORLANDO FL 32808 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ALLISON, ROBERT
7071 GARDEN RD
RIVERA BEACH FL 33404 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
RONALD PIERCE
1219 BRANDA VISTA DRIVE
BRANDON FL 33510 ☐ Change ☒ Addition

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 I am empowered.

SIGNATURE: RONALD BELSCHER

2-19-02

352-754-3003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-05-2002 90089 042 ****61.25

23223



DO NOT WRITE IN THIS SPACE