

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002769

1. Entity Name

FLORIDA COALITION OF FIREFIGHTERS/PARAMEDICS, IN

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90035 038 ****61.25

Principal Place of Business

14807 N FLORIDA AVE
TAMPA FL 33613
US

Mailing Address

14807 N FLORIDA AVE
TAMPA FL 33613-1825
US

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

65-0446011

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

COSTELLO, MORRIS G
14807 N FLORIDA AVE
TAMPA FL 33613

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

Morris G Costello

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-19-00

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 **VD** ☒ Delete
NAME **COSTELLO, MORRIS G**
STREET ADDRESS **14807 N. FLORIDA AVE.**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **VD** ☒ Change ☐ Addition
NAME **Jack A. Ballinger**
STREET ADDRESS **14807 N. Florida Ave., Tampa, Fl. 33613**
CITY-ST-ZIP **14807 N. Florida Ave., Tampa, Fl. 33613**

TITLE **STD** ☐ Delete
NAME **SETTECASI, FRANK**
STREET ADDRESS **14807 N. FLORIDA AVE.**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **PD** ☐ Delete
NAME **SUAREZ, AL N**
STREET ADDRESS **14807 N. FLORIDA AVE.**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: *Frank Settecas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

813 265 0614

Daytime Phone #

CR2E037 (9/99)