

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91878 010 \*\*\*150.00

**DOCUMENT # N94000000108**

1. Entity Name

**FLORIDA EMPLOYERS ASSOCIATION, INC.**



Principal Place of Business

~~29399 US 19 N~~  
~~STE 200~~  
~~CLEARWATER FL 33761~~  
~~US~~

Mailing Address

~~29399 US 19 N~~  
~~STE 200~~  
~~CLEARWATER FL 33761~~  
~~US~~

2. Principal Place of Business

**3895 Tampa Road**

3. Mailing Address

**PO Box 1859**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Oldsmar, FL 34677**

City & State

**Oldsmar, FL 34677**

Zip  
**34677**

Country  
**USA**

Zip  
**34677-1859**

Country  
**USA**

4. FEI Number **59-3232216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DIANA, NICHOLAS**  
**168 RUE DES CHATEAUX**  
**TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **DIANA, NICHOLAS**  
STREET ADDRESS **168 RUE DES CHATEAUX**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **DVP** ☐ Delete  
NAME **DIANA, MICHAEL**  
STREET ADDRESS **430 LAKEVIEW DRIVE, #15**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **ST** ☐ Delete  
NAME **HEINS, REBECCA**  
STREET ADDRESS **3544 FAIRWAY FOREST DR**  
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **VP** ☐ Delete  
NAME **SCHULER, JIM**  
STREET ADDRESS **4300 N. UNIVERSITY DRIVE, SUITE B-205**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **828 Park Court**  
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **571 Longwood Circle**  
CITY-ST-ZIP **Oldsmar, FL 34677**

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 REQUIRED**

4/30/03

813-864-3434

CR2E037 (10/02)