

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002046

1. Entity Name

MANASOTA AIR CONDITIONING CONTRACTORS ASSOCIATIO

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90014 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 519  
ONECO FL 34264

P O BOX 519  
ONECO FL 34264-0519



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0112727

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

STEHLE, PAUL  
2212 WHITFIELD PARK LOOP  
SARASOTA FL 34243

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

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 PD ☒ Delete  
NAME SCHULTZ, TOM  
STREET ADDRESS 400 S. SEABOARD AVENUE  
CITY-ST-ZIP VENICE FL 34292

TITLE PD ☒ Change ☐ Addition  
NAME MICCICHI, WILLIAM D.  
STREET ADDRESS 1954 ROLLING GREEN CIR.  
CITY-ST-ZIP SARASOTA FL 34240

TITLE VPD ☒ Delete  
NAME JORGENSEN, SCOTT  
STREET ADDRESS 7110 32 AVE E  
CITY-ST-ZIP BRADENTON FL 34208

TITLE VPD ☒ Change ☐ Addition  
NAME JORGENSEN, SCOTT  
STREET ADDRESS 7110 32 AVE E  
CITY-ST-ZIP BRADENTON FL 34208

TITLE STD ☒ Delete  
NAME MICCICHI, WILLIAM D  
STREET ADDRESS 1954 ROLLING GREEN CIR  
CITY-ST-ZIP SARASOTA FL 34240

TITLE STD ☐ Change ☒ Addition  
NAME KURTZ, GARY  
STREET ADDRESS 601 SIMMONS AVE.  
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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**

4-30-2000 941-371-0833

Date

Daytime Phone #

CR2E037 (9/99)