

DOCUMENT # N98000000845

1. Entity Name

FLORIDA ACCOUNTANTS SOCIETY, INC.

Principal Place of Business

4431 DAVIE ROAD
SUITE 121
DAVIE FL 33314

Mailing Address

4431 DAVIE ROAD
SUITE 121
DAVIE FL 33314

2. Principal Place of Business

3773 CENTRAL AVE

Suite, Apt. #, etc.

3. Mailing Address

3773 CENTRAL AVE

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33713

Country

US

Zip

33713

Country

US

4. FEI Number

65-0810202

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CENCEBAUGH, SANDRA
4431 DAVIE ROAD
SUITE 121
DAVIE FL 33314

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRABB, BUZZ	
STREET ADDRESS	5006 TROUBLE CREEK RD. #128	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CENCEBAUGH, SANDRA	
STREET ADDRESS	6150 S.W. 35TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCLAINE, GARY E	
STREET ADDRESS	1470 S.E. 19TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWIN L CRAMMER	
STREET ADDRESS	7481 W. OAKLAND PK BLVD #102	
CITY-ST-ZIP	LAUDERHILL FL 33319	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD ROBERTS	
STREET ADDRESS	3212 SOUTH GATE CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34239	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER UNBENAGEN	
STREET ADDRESS	45 W TARPON AVE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLD DUCAS	
STREET ADDRESS	20401 NW 2ND AVE #214	
CITY-ST-ZIP	MIAMI, FL 33179	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

EDWIN L CRAMMER PRESIDENT
SIGNATURE REQUIRED

01/0/00

Daytime Phone #

CR2E037 (10/00)

00466