

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V73924

1. Entity Name

NATIONAL EMPLOYER SAFETY COALITION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90150 037 ***150.00

Principal Place of Business

1800 SECOND STREET
SUITE 909
SARASOTA FL 34236
US

Mailing Address

P.O. BOX 2139
SARASOTA FL 34230-2139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0883311

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

HARRIS, G. WAYNE
1800 SECOND STREET
SUITE 909
SARASOTA FL 34236

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HARRIS, G. WAYNE ☐ Delete
STREET ADDRESS 1800 SECOND STREET, SUITE 909
CITY-ST-ZIP SARASOTA FL 34236

TITLE Assistant Secretary ☐ Change ☒ Addition
NAME Pamela Roy
STREET ADDRESS 5 Point Ridge Road
CITY-ST-ZIP Barre, VT 05063

TITLE VD
NAME HUGHES, F.I. ☐ Delete
STREET ADDRESS 2605 MAITLAND CENTER PKWY.
CITY-ST-ZIP MAITLAND FL 32754

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

TITLE VTD
NAME ROGERS, MICHAEL T ☐ Delete
STREET ADDRESS 45 STATE STREET, #395
CITY-ST-ZIP MONTPELIER VT 05601

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

TITLE VD
NAME HARKAVY, JON ☐ Delete
STREET ADDRESS 1501 WILSON BLVD., SUITE 1110
CITY-ST-ZIP ARLINGTON VA 22209

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

TITLE SD
NAME LANZA, KELLY ☐ Delete
STREET ADDRESS 1800 SECOND STREET, SUITE 909
CITY-ST-ZIP SARASOTA FL 34236

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jon Harkavy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Harkavy, Vice President

1/26/00

(703) 812-8425

Date

Daytime Phone #

CR2E034 (9/99)