

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90158 036 ***150.00

0407682

DOCUMENT # V73924

1. Entity Name

NATIONAL EMPLOYER SAFETY COALITION, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0883311**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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, 2001 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

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

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

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

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

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

TITLE **AS** ☐ Delete
NAME **ROY, PAMELA**
STREET ADDRESS **5 POINT RIDGE ROAD**
CITY-ST-ZIP **BARRE VT 05063**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VD** ☒ Change ☐ Addition
NAME **Hughes, F.I.**
STREET ADDRESS **125 S. Swoope Ave., Ste. 106**
CITY-ST-ZIP **Maitland, FL 32794**

TITLE **VTD** ☒ Change ☐ Addition
NAME **Rogers, Michael, T.**
STREET ADDRESS **1800 Second St., Ste. 909**
CITY-ST-ZIP **Sarasota, FL 34236**

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

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

TITLE **AS** ☒ Change ☐ Addition
NAME **Roy, Pamela**
STREET ADDRESS **3336 Airport Rd., Ste. 201**
CITY-ST-ZIP **Barre, VT 05641**

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

1/11/01 (703) 812-8425

Date

Daytime Phone #

CR2E034 (10/00)