

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90002 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 710087**  
 1. Entity Name  
**FLORIDA A. G. C. COUNCIL, INC.**

Principal Place of Business      Mailing Address  
**304 N. MERIDIAN ST**      **P.O. BOX 10569**  
**STE. 1**      **TALLAHASSEE FL 32302-2569**  
**TALLAHASSEE FL 32301**      **US**  
**US**

2. Principal Place of Business      3. Mailing Address  
**200 W. College Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 205**

City & State      City & State  
**Tallahassee FL**

Zip      Country      Zip      Country  
**32301**      **USA**

4. FEI Number      Applied For  
**59-1142866**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**DOUGLAS, ALLEN**  
**304 N. MERIDIAN ST**  
**STE. 1**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 W. College Ave**  
**Suite 205**  
 City      State      Zip Code  
**Tallahassee**      **FL**      **32301**

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 *Allen Douglas*      **Allen Douglas - Executive Director**      **7/24/00**  
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**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOUGLAS, ALLEN 304 N. MERIDIAN ST, STE. 1 TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEDRICK, DALE 1100 TECHNOLOGY PL STE 122 W PLM BCH FL 33407	<del>Do Not Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RASCHE, JIM 2201 LUCIEN WAY STE 201 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 W. College Ave. Ste 205 Tallahassee FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cummings, James 3575 NW 53rd St Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Larry Gerwig 620 Drew St. Clearwater FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Allen Douglas*      **Allen Douglas**      **7/24/00**      **850 222 2421**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (5/00)