

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90074 036 \*\*\*\*61.25

**DOCUMENT # 710087**

1. Entity Name

**FLORIDA A. G. C. COUNCIL, INC.**

Principal Place of Business

200 W COLLEGE AVE  
 SUITE 205  
 TALLAHASSEE FL 32301  
 US

Mailing Address

P.O. BOX 10569  
 TALLAHASSEE FL 32302-2569  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1142866**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOUGLAS, ALLEN**  
**200 W COLLEGE AVE**  
**SUITE 205**  
**TALLAHASSEE FL 32301**

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 NAME  Delete  
**ST DOUGLAS, ALLEN**  
 STREET ADDRESS **200 W COLLEGE AVE. STE 205**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
~~PD HEDRICK, DALE~~  
 STREET ADDRESS ~~1100 TECHNOLOGY PL STE 102~~  
 CITY-ST-ZIP ~~W PLM BCH FL 33407~~

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
~~VD CUMMINGS, JAMES~~  
 STREET ADDRESS **3575 NW 53RD ST**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE NAME  Change  Addition  
**PD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VD GREWIG, LARRY**  
 STREET ADDRESS **620 DREW ST**  
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/01

Date

850 222 2421

Daytime Phone #

CR2E037 (10/00)