

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90049 012 \*\*\*\*61.25

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

Principal Place of Business <b>200 W COLLEGE AVE          SUITE 205          TALLAHASSEE FL 32301          US</b>	Mailing Address <b>P.O. BOX 10569          TALLAHASSEE FL 32302-2569          US</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2934 Bayshore Dr</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Tallahassee FL</b>	City & State
Zip <b>32309</b>	Country <b>USA</b>

4. FEI Number <b>59-1142866</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable):  
**2934 Bayshore Dr**  
 City: **Tallahassee** FL Zip Code: **32309**

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: **R. Allen Douglas** DATE: **1/30/02**

Signature, typed or printed name of registered agent and when applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DOUGLAS, ALLEN 200 W COLLEGE AVE. STE 205 TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CUMMINGS, JAMES 3575 NW 53RD ST FORT LAUDERDALE FL 33309</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GREWIG, LARRY 620 DREW ST CLEARWATER FL 33755</b> <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
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 type="checkbox"/> Change <input 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	<b>PD Larry Gerwig</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Brian Petersen VD 8517 S. Park Cir., Ste 200 Orlando FL 32819</b> <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 all other like empowered.

SIGNATURE: **R. Allen Douglas** DATE: **1/30/02** **850 222 2421**

CR2E037 (9/01)