

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 740321**

1. Entity Name  
 FLORIDA CPA POLITICAL ACTION COMMITTEE, INC.

Principal Place of Business 325 WEST COLLEGE AVENUE P.O. BOX 5437 TALLAHASSEE 32301 US	FL	Mailing Address 325 WEST COLLEGE AVENUE P.O. BOX 5437 TALLAHASSEE 32314 FL
---	----	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Tallahassee Zip Country	FL	3. Mailing Address 325 WEST COLLEGE AVENUE Suite, Apt. #, etc. P.O. BOX 5437 City & State Tallahassee Zip Country	FL
--	----	--	----

4. FEI Number  
**59-1807799**

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

TURMAN, LLOYD A.  
 325 WEST COLLEGE AVENUE  
 TALLAHASSEE FL 32301 US

7. Name and Address of New Registered Agent

Name  
 TURMAN LLOYD A  
 Street Address (P.O. Box Number is Not Acceptable)  
 325 WEST COLLEGE AVENUE  
 City  
 TALLAHASSEE FL Zip Code  
 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 **LLOYD A TURMAN** DATE **01/17/2001**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ULRICH RICHARD 100 SECOND AVENUE SOUTH, #606 ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TURMAN, LLOYD A. 325 W. COLLEGE AVENUE TALLAHASSEE FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHUMACKER, III JACOB 911 NORTH BLVD., W. LEESBURG FL 347485054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKOWITZ RICHARD A ONE SE THRD AVE., 15 FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS LORA 107A EDWARDS ROAD STARKE FL 320913966 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIDAL HERMAN 21125 CORTEZ BLVD BROOKSVILLE FL 346015645 <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 STD TURMAN LLOYD A 325 W. COLLEGE AVENUE TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP SHUMACKER CECIL 911 NORTH BLVD., W. LEESBURG FL 347485054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D BERKOWITZ RICHARD A ONE SE THRD AVE., 15 FLOOR MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D DOUGLAS LORA 107A EDWARDS ROAD STARKE FL 320913966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D VIDAL HERMAN 506 MARTIN LUTHER KING DRIVE SE JASPER FL 32052 <input checked="" 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)(f), 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: **LLOYD A TURMAN** STD 01/17/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

---

**PAYNE, ANN , TRUSTEE  
200 E LAS OLAS BLVD., STE 1700**

**FT LAUDERDALE, FL 33301**

**HOWELL , WINSTON K., TRUSTEE  
3520 THOMASVILLE ROAD, STE 500**

**TALLAHASSEE, FL 32317**

**EPSTEIN, JOSEPH A , TRUSTEE  
350 EAST LAS OLAS BLVD., STE1000**

**FT LAUDERDALE, FL 33301**

**HOWELL , WINSTON K., TRUSTEE  
3520 THOMASVILLE ROAD, STE 500**

**EPSTEIN, JOSEPH A , TRUSTEE  
350 EAST LAS OLAS BLVD., STE1000**

**FT LAUDERDALE, FL 33301**