

2000 UNIFORM BUSINESS REPORT (UBR)

4.

FILED
May 22, 2000 8:00 am
Secretary of State

04-22-2000 90124 031 ****61.25

DOCUMENT # 756848

1. Entity Name

THE GOVERNORS CLUB, INC.

Principal Place of Business

Mailing Address

202 1/2 S ADAMS ST
 P.O. BOX 10568
 TALLAHASSEE FL 32302

202 1/2 S ADAMS ST
 P.O. BOX 10568
 TALLAHASSEE FL 32302-2568



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2118294

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, KENNETH
 642 EAST COLLEGE AVE
 TALLAHASSEE FL 32301

Name **JOHN M. SHOOP**

Street Address (P.O. Box Number is Not Acceptable)

107 CREST STREET

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

John M. Shoop

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-2000

**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	VPD	<input checked="" type="checkbox"/> Delete
NAME	DUGGAR, MARGARET L	
STREET ADDRESS	711 EAST 6TH AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TURMAN, LLOYD A	
STREET ADDRESS	989 ILEX WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ABBERGER, LISA	
STREET ADDRESS	1435 MARION AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ABBERGER, LESTER	
STREET ADDRESS	2229 DEMERON RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAFACE, RONALD	
STREET ADDRESS	1728 TARPON DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Gordon-Girvin	
STREET ADDRESS	1306 Ramsey Drive	
CITY-ST-ZIP	Tall, FL 32312	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Thielen	
STREET ADDRESS	7719 Cornucopia Lane #100	
CITY-ST-ZIP	Tally, FL 32308 32301	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cari Roth	
STREET ADDRESS	2555 Shumard Oak Blvd.	
CITY-ST-ZIP	818 Ingleside Ave Tally, FL 32303 32399	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Mattimore	
STREET ADDRESS	2520 Chamberlin Drive	
CITY-ST-ZIP	Tally, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

John M. Shoop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-2000 222-9855