

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90014 032 ****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

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

59-2118294

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

SHOOP, JOHN M
 107 CREST STREET
 TALLAHASSEE FL 32301

Name

Barry J. Herman

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

934 Delores

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

Barry J. Herman

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

(NOTE: Registered Agent signature required when reinstating)

2/18/02

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	P	<input checked="" type="checkbox"/> Delete
NAME	LAFACE, RONALD C	
STREET ADDRESS	1728 TARPON DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DADISMAN, CAROL	
STREET ADDRESS	1235 LIVE OAK PLANTATION	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	SMITH, KEVIN W	
STREET ADDRESS	421 WILSON AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	THIELEN, JAMES F	
STREET ADDRESS	7719 CORNUCOPIA LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GORDON-GIRVIN, SHARON M	
STREET ADDRESS	1306 RAMSEY DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	ROTH, CARI L	
STREET ADDRESS	818 INGLESIDE AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Harris	
STREET ADDRESS	1114 Marion Avenue	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan S. Thompson	
STREET ADDRESS	8515 Congressional Drive	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED

2-18-2002

Date

Daytime Phone #

850 224 4600

CR2E037 (9/01)