

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90243 009 \*\*\*\*61.25

**DOCUMENT # 759690**

1. Entity Name

**FLORIDA PROPANE-PAC, INC.**

Principal Place of Business

Mailing Address

214 S. MONROE STREET  
 TALLAHASSEE FL 32301  
 US

P.O. BOX 11026  
 PO BOX 11026  
 TALLAHASSEE FL 32302-3026  
 US



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

**59-2118240**

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

**BAGGETT, FRED W**  
**101 E COLLEGE AVE**  
**TALLAHASSEE FL FL**

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	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>BAKER, J K</b>	
STREET ADDRESS	<b>2960 STRICKLAND ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32234</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, G D</b>	
STREET ADDRESS	<b>214 S. MONROE ST.</b>	
CITY-ST-ZIP	<b>TALLASSEE FL 33030</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>ENNIS, KATRINA</b>	
STREET ADDRESS	<b>437 NORTH KROME AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, ROBERT J</b>	
STREET ADDRESS	<b>702 NORTH FRANKLIN ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCPHILLIPS, DAVID</b>	
STREET ADDRESS	<b>5307 E HANNA AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SATUR, DAVID</b>	
STREET ADDRESS	<b>3232 SOUTHEAST DIXIE HIGHWAY</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

04/13/00

850-681-0496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)