

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90035 021 ****61.25

DOCUMENT # 759690

1. Entity Name

FLORIDA PROPANE-PAC, INC.

Principal Place of Business

214 S. MONROE STREET
 TALLAHASSEE FL 32301
 US

Mailing Address

P.O. BOX 11026
 PO BOX 11026
 TALLAHASSEE FL 32030
 US

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAGGETT, FRED W
101 E COLLEGE AVE
TALLAHASSEE FL FL

7. Name and Address of New Registered Agent

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/21/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/01

Date

850-681-0498

Daytime Phone #

CR2E037 (10/00)