

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90081 041 \*\*\*\*61.25

**DOCUMENT # 760472**  
 1. Entity Name  
**FLORIDA NURSERYMEN POLITICAL ACTION COMMITTEE, I**

Principal Place of Business 1533 PARK CENTER DR ORLANDO FL 32835-5705 US	Mailing Address 1533 PARK CENTER DR ORLANDO FL 32835-5705 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-2128776**  Applied  Not Applied

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOLUSKY, BENJAMIN C**  
**1533 PARK CENTER DR**  
**ORLANDO FL 32835**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: <input type="checkbox"/> Delete NAME: <b>ARKAY, RONALD</b> STREET ADDRESS: <b>8712 OLA AVE.</b> CITY-ST-ZIP: <b>TAMPA FL</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> NAME: <b>D</b> STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>D REESE, BILL</b> STREET ADDRESS: <b>2025 N.E. 70 ST.</b> CITY-ST-ZIP: <b>OCALA FL</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>D HACKNEY, GEORGE</b> STREET ADDRESS: <b>R #4 BOC 211</b> CITY-ST-ZIP: <b>QUINCY FL 32351</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>T MUELLER, RUSSELL</b> STREET ADDRESS: <b>1705 E E WILLIAMSON RAOD</b> CITY-ST-ZIP: <b>LONGWOOD FL</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> NAME: <b>P</b> STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>D DAVIS, ROY.</b> STREET ADDRESS: <b>3216 MCINTOSH ROAD</b> CITY-ST-ZIP: <b>DOVER FL</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>VP ROBERSON, ROBERT</b> STREET ADDRESS: <b>P O BOX 747 N/A</b> CITY-ST-ZIP: <b>ZELLWOOD FL 32798</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> NAME: <b>T</b> 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)(l), 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, changed, or on an attachment with an address, with all other like information.

SIGNATURE:  **Benjamin C. Bolusky**  
 Executive Vice President **01-25-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_