

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N94000005610

FILED
May 01, 2000 8:00 am
Secretary of State

02-20-2000 90037 048 ****61.25

1. Entity Name

GOVERNOR'S HURRICANE CONFERENCE, INC.

Principal Place of Business

Mailing Address

1711 AVOCA DR.
 TARPON SPRINGS FL 34689
 US

P.O. BOX 279
 TARPON SPRINGS FL 34698-0279
 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

65-0533961

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

JOH, ERIK EDWARD
4600 N OCEAN BLVD
STE 206
BOYNTON BEACH FL 33435

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	VP	<input type="checkbox"/> Delete
NAME	JOH, ERIK E	
STREET ADDRESS	4600 N OCEAN BLVD. 2ND FLOOR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAINEY, EVE	
STREET ADDRESS	2555 SHUMARD OAK BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32399-2100	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYERS, JOSEPH	
STREET ADDRESS	2555 SHUMARD OAK BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32399-2100	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEARN, JAMES M	
STREET ADDRESS	2023 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BAKER, MICHELE	
STREET ADDRESS	8744 GOVERNMENT DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	DAINES, LYNN	
STREET ADDRESS	1711 AVOCA DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joh, Erik E.	
STREET ADDRESS	same address	
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rainey, Eve	
STREET ADDRESS	same address	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogers, David	
STREET ADDRESS	15 Southeast Third Ave.	
CITY-ST-ZIP	Miami, FL 33181	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dainey, Lynn	
STREET ADDRESS	1711 Avoca Dr.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Windan, Karen	
STREET ADDRESS	1112 Manatee Ave, W., Ste 525	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Michele	
STREET ADDRESS	same address	
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nouner, Harold	
STREET ADDRESS	2555 Shumard Oak Blvd.	
CITY-ST-ZIP	Tallahassee, FL 32399	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hasan, Karen	
STREET ADDRESS	18755 Rice Plaza Dr.	
CITY-ST-ZIP	Tallahassee, FL 32301	

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

Lynn Daines
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-944-2724

CR2E037 (9/99)