

1/16.

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 12, 2001 8:00 am**
Secretary of State

01-16-2001 90069 024 ****61.25

DOCUMENT # N94000005610

1. Entity Name

GOVERNOR'S HURRICANE CONFERENCE, INC.

Principal Place of Business

1711 AVOCA DR.
TARPON SPRINGS FL 34689
US

Mailing Address

P.O. BOX 279
TARPON SPRINGS FL 34688-0279
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0533961**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JOH, ERIK EDWARD
4600 N OCEAN BLVD
STE 208
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name **Harold R. Joyner**
Street Address (P.O. Box Number is Not Acceptable)
DCALDEM
2555 Shumard Oak Blvd.
City **Tallahassee** FL Zip Code **32399-2106**

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

Harold R. Joyner **Harold R. Joyner President Jan 4, 2001**
Signature, typed or printed name of registered agent and date 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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PO	☒ Delete
NAME	JOH, ERIK E	
STREET ADDRESS	4600 N OCEAN BLVD. 2ND FLOOR	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VP	☐ Delete
NAME	RAINEY, EVE	
STREET ADDRESS	2555 SHUMARD OAK BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32399-2100	
TITLE	D MEYERS, JOSEPH	☐ Delete
NAME	MEYERS, JOSEPH	
STREET ADDRESS	2555 SHUMARD OAK BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32399-2100	
TITLE	D ROGERO, DAVID	☐ Delete
NAME	ROGERO, DAVID	
STREET ADDRESS	1 SOUTHEAST THIRD AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPT	☐ Delete
NAME	BAKER, MICHELE	
STREET ADDRESS	8744 GOVERNMENT DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	EVP	☐ Delete
NAME	DAINES, LYNN	
STREET ADDRESS	1711 AVOCA DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Change ☒ Addition
NAME	Harold R. Joyner	
STREET ADDRESS	2555 Shumard Oak Blvd.	
CITY-ST-ZIP	Tallahassee, FL 32399-2100	
TITLE	D	☐ Change ☒ Addition
NAME	Kerry Gisport	
STREET ADDRESS	2711 East Hanna Ave.	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE	VP	☐ Change ☒ Addition
NAME	Frank Kautnik	
STREET ADDRESS	2555 Shumard Oak Blvd.	
CITY-ST-ZIP	Tallahassee, FL 32399-2100	
TITLE	VP	☐ Change ☒ Addition
NAME	Karen Windon	
STREET ADDRESS	1112 Monrovia Ave, W, Ste 525	
CITY-ST-ZIP	Bradenton FL 34205	
TITLE	S	☐ Change ☒ Addition
NAME	Karen Hagan	
STREET ADDRESS	187 Office Plaza Dr.	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		☐ Change ☐ 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

Date

Daytime Phone #

1/3/01

727-944-2724

CR2E037 (10/00)