

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90242 047 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0533961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JOYNER, HAROLD R
DCALDEM
2555 SHUMARD OAK BLVD
TALLAHASSEE FL 32399-2100**

7. Name and Address of New Registered Agent

Name **Lynn Daines**
Street Address (P.O. Box Number is Not Acceptable)
1711 Avoca Dr.
City **Tarpon Springs** **FL** Zip Code **34689**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Lynn Daines** **Executive Vice President** **Lynn Daines** **4/15/03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **JOYNER, HAROLD R**
STREET ADDRESS **2555 SHUMARD OAK BLVD**
CITY-ST-ZIP **TALLAHASSEE FL 32399-2100**

TITLE **VP** ☐ Delete
NAME **RAINEY, EVE**
STREET ADDRESS **2555 SHUMARD OAK BLVD.**
CITY-ST-ZIP **TALLAHASSEE FL 32399-2100**

TITLE **D** ☒ Delete
NAME **MCQUEEN, RON**
STREET ADDRESS **PO BOX 367**
CITY-ST-ZIP **TRENTON FL 32693**

TITLE **DD** ☒ Delete
NAME **ROGERO, DAVID**
STREET ADDRESS **1 SOUTHEAST THIRD AVE**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **TR** ☐ 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 34689**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **DAVID BROWN**
STREET ADDRESS **405 BILTMORE WAY**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JOHN FITZGERALD**
STREET ADDRESS **9165 PARK DRIVE**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **FRANK KOOTNIK (DIR)** ☐ Change ☒ Addition
NAME **2555 SHUMARD OAK BLVD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32399-2100**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MICHELE BAKER**
STREET ADDRESS **8744 GOVERNMENT DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **HAROLD JOYNER**
STREET ADDRESS **2555 SHUMARD OAK BLVD**
CITY-ST-ZIP **TALLAHASSEE, FL 32399-2100**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **GOY DAINES**
STREET ADDRESS **1711 AVOCA DRIVE**
CITY-ST-ZIP **TARAPON SPRINGS, FL 34689**

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 Daines

4/15/03 727-944-2704

CR2E037 (10/02)

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Street Address (P.O. Box Number is Not Acceptable)

City

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DATE

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Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	JOYNER, HAROLD R	
STREET ADDRESS	2555 SHUMARD OAK BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32399-2100	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAINEY, EVE	
STREET ADDRESS	2555 SHUMARD OAK BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32399-2100	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCQUEEN, RON	
STREET ADDRESS	PO BOX 367	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	ROGERO, DAVID	
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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 34689	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY KOSLICK	
STREET ADDRESS	11924 FOREST HILLS BLVD.	
CITY-ST-ZIP	WELLSINGTON, FL 33414	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN WILSON	
STREET ADDRESS	14752 6 MILE CYPRESS PKWY.	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	SECT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN HAGAN	
STREET ADDRESS	187 OFFICE PLAZA DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:

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

Date

Daytime Phone #

4/15/03 727-944-2724

CR2E037 (10/02)

0060434