

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007899

DOCUMENT # 737328

1. Entity Name

FLORIDA STUDENT ASSOCIATION, INC.

APPROVED  
AND  
FILED

00 JAN -4 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

327 OFFICE PLAZA DRIVE  
SUITE 202  
TALLAHASSEE FL 32301-2702  
US

327 OFFICE PLAZA DRIVE  
SUITE 202  
TALLAHASSEE FL 32301-2702  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1673603

Applied For

Not Applicable

Zip

Country

Zip

Country

32301-2702

32301-2702

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

MAYEUX, KEVIN M.  
327 OFFICE PLAZA DRIVE  
SUITE 202  
TALLAHASSEE FL 32301-2702

Name

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

City

FL

Zip Code

32301-2702

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 MTR  
NAME MAYEUX, KEVIN M.  
STREET ADDRESS 327 OFFICE PLAZA DRIVE, SUITE 202  
CITY-ST-ZIP TALLAHASSEE FL 32301

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE PCD  
NAME PAWELKOP, JESSICA  
STREET ADDRESS 4202 E. FOWLER AVE., CTR 203  
CITY-ST-ZIP TAMPA FL 33620

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE VD  
NAME JONES, PRESLEY  
STREET ADDRESS 777 GLADES ROAD, VC ROOM 215  
CITY-ST-ZIP BOCA RATON FL 33431

☒ Delete

TITLE VD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE TSD  
NAME MURPHY, JASON  
STREET ADDRESS 4000 CENTRAL FLORIDA BLVD  
CITY-ST-ZIP ORLANDO FL 32816-3230

☒ Delete

TITLE SD  
NAME Fedele, Kimberly A.  
STREET ADDRESS 211 Oglesby Union  
CITY-ST-ZIP Tallahassee FL 32306-4027

☐ Change

☒ Addition

TITLE D  
NAME TUCKER, KRISTIN  
STREET ADDRESS 206 STUDENT UNION BUILDING  
CITY-ST-ZIP TALLAHASSEE FL 32301

☒ Delete

TITLE D  
NAME Gordon, Brent A.  
STREET ADDRESS 300-54 J. Wayne Reitz Union  
CITY-ST-ZIP Gainesville FL 32611-8505

☐ Change

☒ Addition

TITLE D  
NAME AMORIN, ORLANDO  
STREET ADDRESS 1200 SW 8TH ST., 6C3W  
CITY-ST-ZIP MIAMI FL 33199

☐ Delete

TITLE D  
NAME Diaz, Alexander  
STREET ADDRESS 4567 St. Johns Bluff, Bldg 14, Rm 2627  
CITY-ST-ZIP Jacksonville FL 32224

☐ Change

☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KEVIN M. MAYEUX

1/4/2000

(850) 877-7500