

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705203

1. Entity Name

FLORIDA PROSECUTING ATTORNEY'S ASSOCIATION, INC.

Principal Place of Business

107 WEST GAINES STREET
STE 119
TALLAHASSEE FL 32399-1050
US

Mailing Address

107 WEST GAINES STREET
STE 119
TALLAHASSEE FL 32399-1050
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

URSE, STEPHEN W
107 WEST GAINES ST
STE 119
TALLAHASSEE FL 32399

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 hereby certifies 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

TITLE VPD
NAME SMITH, ROD ☐ Delete
STREET ADDRESS P.O. BOX 1437
CITY-ST-ZIP GAINESVILLE FL 32602-1437

TITLE PD
NAME KING, BRAD ☐ Delete
STREET ADDRESS 19 N.W. PINE AVE
CITY-ST-ZIP Ocala FL 34475

TITLE SD
NAME SMITH, ROD ☐ Delete
STREET ADDRESS 120 W. UNIVERSITY AVE
CITY-ST-ZIP GAINESVILLE FL 32602

TITLE TD
NAME KING, BRAD ☐ Delete
STREET ADDRESS 19 NW PINE AVE
CITY-ST-ZIP Ocala FL 32670

TITLE SD
NAME BLAIR, JERRY ☐ Delete
STREET ADDRESS P.O. DRAWER 1546
CITY-ST-ZIP LIVE OAK FL 32060

TITLE TD
NAME COLTON, BRUCE ☐ Delete
STREET ADDRESS 411 SOUTH SECOND STREET
CITY-ST-ZIP FORT PIERCE FL 34950

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Change ☐ Addition
NAME Blair, Jerry
STREET ADDRESS P.O. Drawer 1546
CITY-ST-ZIP Live Oak, FL 32060

TITLE PD ☐ Change ☐ Addition
NAME King, Brad
STREET ADDRESS 19 NW Pine Avenue
CITY-ST-ZIP Ocala, FL 34475

TITLE SD ☐ Change ☐ Addition
NAME Meggs, Willie
STREET ADDRESS 301 So. Monroe St
CITY-ST-ZIP Tallahassee, FL 32399-2550

TITLE TD ☐ Change ☐ Addition
NAME Colton, Bruce
STREET ADDRESS 411 South Second Street
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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, on an address, with all other life empowered.

SIGNATURE: *Steve Urse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE URSE

Executive Director

Feb 16, 2001
(850) 488-3070

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90005 019 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7131671

Applied For

Not Applicable

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

CR2E037 (10/00)