2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 705203 Feb 13, 2002 8:00 am Secretary of State 1. Entity Name FLORIDA PROSECUTING ATTORNEY'S ASSOCIATION, INC. 02-13-2002 90237 016 ****61.25 Principal Place of Business Mailing Address 107 WEST GAINES STREET 107 WEST GAINES STREET **STE 119 STE 119** TALLAHASSEE FL 32399-1050 TALLAHASSEE FL 32399-1050 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 23-7131671 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent URSE, STEPHEN W Street Address (P.O. Box Number is Not Acceptable) 107 WEST GAINES ST STE 119 TALLAHASSEE FL 32399 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **VPD** WILLE MEGGS-VPD ☐ Change Addition Delete TITLE TITLE SMITH, ROD LEON COUNTY COURT HOUSE 301 SOUTH MONROE ST NAME NAME P.O. BOX 1437 STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32602-1437 TALLAHASSEE, FI 32399-2550 CITY-ST-ZIP CITY-ST-ZIP JERRY BIAIR - PD Delete ☐ Addition TITLE TITLE KING, BRAD P.O. DRAWER 1546 NAME 19 N.W. PINE AVE STREET ADDRESS LIVE- OAK, FI 32064 STREET ADDRESS OCALA FL 34475 CITY-ST-ZIP CITY-ST-ZIP SD BRUCE COLTON, SD Delete Addition TITLE TITLE SMITH, ROD NAME NAME 411 SOUTH SECOND ST. 120 W. UNIVERSITY AVE STREET ADDRESS STREET ADDRESS FT. PIERCE, FI 34950 GAINESVILLE FL 32602 CITY-ST-ZIP CITY-ST-ZIP KATHERINE FERNANDEZ- LI Change RUNDE-TD TD **Addition** Delete TITLE TITLE KING, BRAD NAME NAME E,R.GRAHAM BLOG 19 NW PINE AVE STREET ADDRESS STREET ADDRESS 1350 N.W. 12 AVE MIAMI, FI 33/36 **OCALA FL 32670** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITL F ☐ Change TITLE BLAIR, JERRY NAME P.O. DRAWER 1546 STREET ADDRESS STREET ADDRESS LIVE OAK FL 32060 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE COLTON, BRUCE NAME NAME 411 SOUTH SECOND STREET STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34950 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 a rattachment with an address, with all other like empowered.