

DOCUMENT # 703167
 1. Entity Name
THE FLORIDA COUNCIL OF 100, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90085 010 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
6200 COURTNEY CAMPBELL CAUSEWAY STE 560 TAMPA FL 33607		6200 COURTNEY CAMPBELL CAUSEWAY STE 560 TAMPA FL 33607	
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	59-0931034	Applied For	<input checked="" type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OHLINGER, CHARLES T III
6200 COURTNEY CAMPBELL CSWY
STE 560
TAMPA FL 33607

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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	CARPENTER, PETER	
STREET ADDRESS	500 WATERS ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	CD	<input type="checkbox"/> Delete
NAME	COBB, CHUCK	
STREET ADDRESS	2333 PONCE-DE-LEON	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VDC	<input type="checkbox"/> Delete
NAME	HOFFMAN, AL	
STREET ADDRESS	24301 WALDEN CTR DR	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HASKELL, PRESTON	
STREET ADDRESS	111 RIVERSIDE DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EDS	<input type="checkbox"/> Delete
NAME	OHLINGER, CHARLES T III	
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles T. Ohlinger* **1/5/01** **813/289-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)