# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706670

1. Entity Name

THE FLORIDA ECONOMIC DEVELOPMENT COUNCIL INC.

**FILED**
**Feb 29, 2000 8:00 am**
**Secretary of State**
02-29-2000 90119 035 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 502 E. JEFFERSON STREET<br>TALLAHASSEE FL 32301 | 502 E. JEFFERSON STREET<br>TALLAHASSEE FL 32301-2537 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1530 Metropolitan Blvd. | 1530 Metropolitan Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tallahassee FL | City & State: Tallahassee, FL |
| Zip: 32308 Country: USA | Zip: 32308 Country: USA |

4. FEI Number: 23-7035680 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

LOHRENGEL, PETER
~~502 E. JEFFERSON STREET~~
TALLAHASSEE FL ~~32301~~

**7. Name and Address of New Registered Agent**

Name: Peter Lohrengel

Street Address (P.O. Box Number is Not Acceptable): 1530 Metropolitan Blvd.

City: Tallahassee FL Zip Code: 32308

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: Peter O Lohrengel 1/11/00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>TALIAFERRO, LEN<br>P.O. BOX 2214<br>TALLAHASSEE FL 32316 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Ted Astolfi<br>P.O. Box 2471<br>Stuart, FL 34995-2471 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D P<br>ASTOLFI, TED<br>PO BOX 2741, N/A<br>STUART FL 34995-2471 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Jerry Mallot<br>3 Independent Dr.<br>Jacksonville, FL 32202 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>JERRY MALLOT<br>3 INDEPENDENT DR<br>JACKSONVILLE FL 32202 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Stuart Roger<br>4300 W. Cypress St. Ste. 250<br>Tampa, FL 33607-4100 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PATRICIA A WERNER<br>200 E. ROBINSON STREET, SUITE 600<br>ORLANDO FL 32801 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>Wes Larson<br>P.O. Box 550<br>Palatka, FL 32178-0550 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** C. Daniel Fellows 1-24-2000 904-328-1803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #