2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 08:00 AM
Secretary of State

DOCUMENT # 706670

1. Entity Name
THE FLORIDA ECONOMIC DEVELOPMENT COUNCIL INC.

Principal Place of Business	Mailing Address
1530 METROPOLITAN BLVD	1530 METROPOLITAN BLVD
TALLAHASSEE FL	TALLAHASSEE FL
32308 US	32308 US

DO NOT WRITE IN THIS SPACE

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 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
1530 METROPOLITAN BLVD
TALLAHASSEE FL
32308

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 _____ 02/08/2001
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	D ROGEL STUART 4300 W CYPRESS ST STE 250 TAMPA FL 336074160	☐ Delete		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROGEL STUART 4300 W CYPRESS ST STE 250 TAMPA FL 336074160	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JERRY MALLOT 3 INDEPENDENT DR JACKSONVILLE FL 32202	☐ Delete		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALLOT JERRY 3 INDEPENDENT DR JACKSONVILLE FL 32202	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ASTOLFI TED PO BOX 2741, N/A STUART FL 349952471	☐ Delete		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MC DERMOTT BILL 600 N BROADWAY AVE., STE. 300 BARTOW FL 338303804	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LARSON WES PO BOX 550 PALATKA FL 321760550	☐ Delete		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T LARSON WES PO BOX 550 PALATKA FL 321760550	☒ 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 (11/00)

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: STUART ROGEL P 02/08/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #