

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90380 012 ****61.25

DOCUMENT # 718367

1. Entity Name

FLORIDA PROPANE GAS ASSOCIATION, INC.

Principal Place of Business

**214 S. MONROE ST
TALLAHASSEE FL 32301**

Mailing Address

**POST OFFICE BOX 11026
TALLAHASSEE FL 32302
US**

620490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0719074

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGERS, G DAVID
214 S MONROE ST
P O BOX 11026
TALLAHASSEE FL 32302**

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

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 **STD** ☒ Delete
NAME **RAY, MEL**
STREET ADDRESS **0304 ELMER ST**
CITY-ST-ZIP **TAMPA FL 33612-8638**

TITLE **STD** ☐ Change ☒ Addition
NAME **Darrin Greck**
STREET ADDRESS **1614 NE 205 Terrace**
CITY-ST-ZIP **Miami, FL. 33179**

TITLE **PD** ☐ Delete
NAME **HILL, ROBERT J**
STREET ADDRESS **702 NORTH FRANKLIN STREET**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☒ Change ☐ Addition
NAME **Robert Hill**
STREET ADDRESS **5000 Sawgrass Village Circle, Ste. 4**
CITY-ST-ZIP **Ponte Verde Beach, FL. 32082**

TITLE **D** ☒ Delete
NAME **HACKER, MACK**
STREET ADDRESS **4110 UNIVERSITY BLVD CT**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **D** ☐ Change ☒ Addition
NAME **John Sells**
STREET ADDRESS **2849 Dawn Road**
CITY-ST-ZIP **Jacksonville, FL. 32207**

TITLE **PED** ☐ Delete
NAME **DARR, MARK**
STREET ADDRESS **7162 PHILLIPS HIGHWAY**
CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE **PD** ☒ Change ☐ Addition
NAME **mark Darr**
STREET ADDRESS **5000 Sawgrass Village Circle, Ste. 4**
CITY-ST-ZIP **Ponte Verde Beach, FL. 32082**

TITLE **VD** ☐ Delete
NAME **CLARK, MONICA**
STREET ADDRESS **804 NORTH PARROTT AVENUE**
CITY-ST-ZIP **KEECHOBEE FL 34972**

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

TITLE ☐ Delete
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/01
Date

850-881-0498
Daytime Phone #

CR2E037 (10/00)