

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90089 022 \*\*\*\*61.25

**DOCUMENT # 718367**

1. Entity Name

**FLORIDA PROPANE GAS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**214 S. MONROE ST  
TALLAHASSEE FL 32301****POST OFFICE BOX 11026  
TALLAHASSEE FL 32302  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-0719074**

Applied For

Not Applicable

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	<input type="checkbox"/> Delete
NAME	GRECK, DARRIN	
STREET ADDRESS	1614 NE 205 TERRACE	
CITY-ST-ZIP	MIAMI FL 33179	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greck, Darrin	
STREET ADDRESS	1614 NE 205 Terrace	
CITY-ST-ZIP	Miami, FL 33179	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, ROBERT J	
STREET ADDRESS	5000 SAWGRASS VILLAGE CIR STE 4	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SELLS, JOHN	
STREET ADDRESS	2849 DAWN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sells, John	
STREET ADDRESS	2849 Dawn Road	
CITY-ST-ZIP	Jacksonville, FL 32207	

TITLE	PD	<input type="checkbox"/> Delete
NAME	DARR, MARK	
STREET ADDRESS	5000 SAWGRASS VILLAGE CIR STE4	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darr, Mark	
STREET ADDRESS	5000 Sawgrass Village Cir Ste 4	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	

TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARK, MONICA	
STREET ADDRESS	804 NORTH PARROTT AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark, Monica	
STREET ADDRESS	804 North Parrott Avenue	
CITY-ST-ZIP	Okeechobee, FL 34972	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ross, Tom	
STREET ADDRESS	6991 15th Street East	
CITY-ST-ZIP	Sarasota, FL 34243	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)