

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90107 022 ****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**

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 **59-0719074**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
GRECK, DARRIN
1614 NE 205 TERRACE
MIAMI FL 33179**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
SELLS, JOHN
2849 DAWN ROAD
JACKSONVILLE FL 32207**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DARR, MARK
5000 SAWGRASS VILLAGE CIR STE4
PONTE VEDRA BEACH FL 32082**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
CLARK, MONICA
804 NORTH PARROTT AVENUE
OKEECHOBEE FL 34972**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
ROSS, TOM
6991 15TH STREET EAST
SARASOTA FL 34243**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

VD

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
BAIN, J.D.
3237 NE SILVER SPRINGS BLVD.
OCALA FL 34470-6409**

☐ Change ☒ Addition

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] **8506810496**

CR2E037 (10/02)