2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

'00 JAN -4 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007898

DOCUMENT # 737328

1. Entity Name

FLORIDA STUDENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
327 OFFICE PLAZA DRIVE SUITE 202 TALLAHASSEE FL 32301-~~2755~~ 2702 US	327 OFFICE PLAZA DRIVE SUITE 202 TALLAHASSEE FL 32301-2702 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: 32301-2702 Country	Zip: ~~32~~ Country

4. FEI Number: 59-1673603 ☐ 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
MAYEUX, KEVIN M. 327 OFFICE PLAZA DRIVE SUITE 202 TALLAHASSEE FL 32301-~~2755~~ 2702	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code ~~32~~ 32301-2702

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: KEVIN M. MAYEUX 1/4/2000

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	MTR MAYEUX, KEVIN M. 327 OFFICE PLAZA DRIVE, SUITE 202 TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition T00003096347--7 -01/12/00--01075--017 *****61.25 *****61.25 PCD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD PAWELKOP, JESSICA 4202 E. FOWLER AVE., CTR 203 TAMPA FL 33620	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HOSMAN, JOHN D. 11000 University Parkway, Bldg 22, Rm 227 Pensacola FL 32514 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JONES, PRESLEY 777 GLADES ROAD, VC ROOM 215 BOCA RATON FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Chambers, Brett 4202 E. Fowler Ave, CTR203 Tampa FL 33620 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD MURPHY, JASON 4000 CENTRAL FLORIDA BLVD ORLANDO FL 32816-3230	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Fedele, Kimberly A. 211 Oglesby Union Tallahassee FL 32306-4027 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUCKER, KRISTIN 206 STUDENT UNION BUILDING TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gordon, Brent A. 300-54 J. Wayne Reitz Union Gainesville FL 32611-8505 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMORIN, ORLANDO 1200 SW 8TH ST., 6C3W MIAMI FL 33199	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Diaz, Alexander 4567 St. Johns Bluff, Bldg 14, Rm 2627 Jacksonville FL 32224 ☐ 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: KEVIN M. MAYEUX 1/4/2000 (850) 877-7500

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