

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # 737328****1. Entity Name**
FLORIDA STUDENT ASSOCIATION, INC.**Principal Place of Business**
1311-B PAUL RUSSELL RD.
SUITE 203
TALLAHASSEE FL 32301 US**Mailing Address**
1311-B PAUL RUSSELL RD.
SUITE 203
TALLAHASSEE FL 32301 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1673603**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**MAYEUX KEVIN M.
327 OFFICE PLAZA DRIVE
SUITE 202
TALLAHASSEE FL 323012702 USName
MAYEUX KEVIN M.
Street Address (P.O. Box Number is Not Acceptable)
1311-B PAUL RUSSELL ROAD
SUITE 203
City
TALLAHASSEE FL Zip Code
323012702**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 DAVID FOY** **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ ALEXANDER			NAME	DUSKIN ANNE		
STREET ADDRESS	4567 ST. JOHNS BLUFF, BLDG 14, RM 2627			STREET ADDRESS	4567 ST. JOHNS BLUFF, BLDG 14, RM 2627		
CITY-ST-ZIP	JACKSONVILLE FL 32224			CITY-ST-ZIP	JACKSONVILLE FL 32224		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON BRENT A			NAME	KRAMER GEORGE		
STREET ADDRESS	300-54 V. REITZ UNION			STREET ADDRESS	300-54 V. REITZ UNION		
CITY-ST-ZIP	GAINESVILLE FL 326118505			CITY-ST-ZIP	GAINESVILLE FL 326118505		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEDELE KIMBERLY A			NAME	COOK BRETT		
STREET ADDRESS	211 OGLESBY UNION			STREET ADDRESS	211 OGLESBY UNION		
CITY-ST-ZIP	TALLAHASSEE FL 323064027			CITY-ST-ZIP	TALLAHASSEE FL 323064027		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMBERS BRETT			NAME	SMALL TYVI		
STREET ADDRESS	4202 E. FOWLER AVE, CTR 203			STREET ADDRESS	4202 E. FOWLER AVE, CTR 203		
CITY-ST-ZIP	TAMPA FL 33620			CITY-ST-ZIP	TAMPA FL 33620		
TITLE	PCD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOSMAN JOHN D			NAME	BISHOP TRES		
STREET ADDRESS	11000 UNIVERSITY PARKWAY, BLDG.			STREET ADDRESS	11000 UNIVERSITY PARKWAY, BLDG. 22		
CITY-ST-ZIP	PENSACOLA FL 32514			CITY-ST-ZIP	PENSACOLA FL 32514		
TITLE	MTR	<input type="checkbox"/> Delete		TITLE	MTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYEUX KEVIN M.			NAME	FOY DAVID K		
STREET ADDRESS	327 OFFICE PLAZA DRIVE, SUITE 202			STREET ADDRESS	1311-B PAUL RUSSELL ROAD, SUITE 203		
CITY-ST-ZIP	TALLAHASSEE FL 32301			CITY-ST-ZIP	TALLAHASSEE FL 32301		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DAVID K. FOY** **MTR** **04/30/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)

DENNIS SPRENKLE, D
4000 UNIVERSITY BOULEVARD

ORLANDO, FL 32816-3230

TITO OMAGHOMI, D
3000 N.E. 151ST STREET, UC 363

NORTH MIAMI, FL 33181

PATRICE SCIPIO, D
11200 S.W. 8TH STREET, GC 311

MIAMI, FL 33199

TONI RICE, D
10501FGCU BOLUEVARD SOUTH

FT. MYERS, FL 33965-6565

JUSTIN FLIPPEN, VD
777 GLADES ROAD, UC ROOM 215

BOCA RATON, FL 33431