

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

FILED
Jul 08, 2003 8:00 am
Secretary of State

07-08-2003 90025 043 ****61.25

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

Zip

Country

Zip

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

FOY, DAVID K.
1311-B PAUL RUSSELL ROAD
SUITE 203
TALLAHASSEE FL 32301-2702

7. Name and Address of New Registered Agent

Name: **Scott Ross**
Street Address (P.O. Box Number is Not Acceptable)
1311-B Paul Russell Rd
Suite 203
City: **Tallahassee** FL Zip Code: **32301**

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

Scott Ross

Scott Ross, Executive Director

7/5/03

(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
After September 10, 2003, min will be \$236.25

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

TITLE NAME	MTR FOY, DAVID K	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1311-B PAUL RUSSELL ROAD, SUITE 203	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME	D BOWLER, ANGIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11000 UNIVERSITY PARKWAY, BLDG. 22	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE NAME	D GRIFFIN, MIKE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4202 E. FOWLER AVE, CTR 203	
CITY-ST-ZIP	TAMPA FL 33620	
TITLE NAME	D JOHNSON, DELMAR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	211 OGLESBY UNION	
CITY-ST-ZIP	TALLAHASSEE FL 32306-4027	
TITLE NAME	D ADLER, MARC	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	300-54 V. REITZ UNION	
CITY-ST-ZIP	GAINESVILLE FL 32611-8505	
TITLE NAME	PCD HODGES, LINDSAY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4567 ST. JOHNS BLUFF, BLDG 14, RM 2627	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	MTR Scott Ross	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1311-B Paul Russell Rd Ste 203	
CITY-ST-ZIP	Tallahassee FL 32301	
TITLE NAME	Director Patrick Sullivan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	221 Oglesby Union	
CITY-ST-ZIP	Tallahassee, FL 32306	
TITLE NAME	Director Omar Khan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4202 E Fowler Ave, Ctr 203	
CITY-ST-ZIP	Tampa, FL 33620	
TITLE NAME	Director Erin Sanderson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1100 University Pkwy, Bldg 22	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE NAME	Director Judy Williams	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4567 St Johns Rd, Bldg 14, Rm 2627	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE NAME	Director Anel Pratt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	777 Glades Rd. VC #215	
CITY-ST-ZIP	Bonafonte, FL 33431	

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

7/5/03

850-877-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

0001842