2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **746541** Mar 31, 2000 8:00 am Secretary of State FLORIDA POWER CLUB 03-31-2000 90013 031 ****61.25 Mailing Address Principal Place of Business C/O RODNEY E. GADDY C/O RODNEY E. GADDY 11TUOS TS HTVS 1026 P.O. BOX 14042 ST PETERSBURG FL 33733-4042 ST PETERSBURG FL 33711-0020 2. Principal Place of Business 3. Mailing Address 1 Progress Plaza DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For 59-6004292 Not Applicable Country Zip Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 3370± 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GADDY, RODNEY E ST PETE FL 53741 33701 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE Change KEITH, ALAN NAME BECKMAN, SUSAN NAME 6565 38th Avenue North STREET ADDRESS STREET ADDRESS 17757 U.S. HIGHWAY 19 NORTH CITY-ST-ZIP St. Petersburg, FL 33710 CITY-ST-7IP CLEARWATER FL 34624 **X** Addition Change □ Delete TITLE NAME NAME BOYER, MIKE JAMES GOWER STREET ADDRESS STREET ADDRESS 100 CENTRAL AVENUE 100 CENTRAL AVENUE CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33701 ST. PETERSBURG, FL 33701 **X** Addition TITLE Change ☐ Delete TITLE NAME NAME REED. LORRIE SHEILA STUART STREET ADDRESS STREET ADDRESS 100 CENTRAL AVENUE 1049 15th AVENUE NORTH CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33701 ST. PETERSBURG, FL 33704 **Addition** ☐ Delete TITLE Change TITLE NAMÉ ALEX NOVAKOSKI NAME Fellman, Patti STREET ADDRESS STREET ADDRESS 6565 38th AVENUE NORTH 263 13TH AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33701 ST. PETERSBURG, FL 33710 ☐ Delete TITLE Change Addition TITLE NAME JAMES QUINLIVAN NAME HALL, JACKIE STREET ADDRESS 263 13th AVENUE SOUTH STREET ADDRESS 100 CENTRAL AVENUE CITY-ST-ZIP CITY-ST-ZIP PETERSBURG, 33701 ST. PETERSBURG FL 33701 ★ Addition TITLE ☐ Change Delete TITLE NAME HARWELL, NANCY NAME HELENE MAKO STREET ADDRESS STREET ADDRESS ONE PROGRESS PLAZA ONE PROGRESS PLAZA CITY-ST-7IP CITY-ST-7IP ST. PETERSBURG, FL 33701 PETERSBURG FL 33701

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 AND TYPED OR PRINTED I