

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90228 004 ****61.25

DOCUMENT # 746541

1. Entity Name

FLORIDA POWER CLUB

Principal Place of Business

**C/O RODNEY E. GADDY
1 PROGRESS PLAZA
SAINT PETERSBURG FL 33701
US**

Mailing Address

**C/O RODNEY E. GADDY
P.O. BOX 14042
ST PETERSBURG FL 33733
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

59-6004292

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

**GADDY, RODNEY E
1 PROGRESS PLAZA
SAINT PETERSBURG FL 33701**

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.

SIGNATURE

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	D	<input checked="" type="checkbox"/> Delete
NAME	BECKMAN, SUSAN	
STREET ADDRESS	17757 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 34624	

TITLE	Guthrie McRee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Progress Plaza	
STREET ADDRESS	St Petersburg fl 33701	
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BOYER, MIKE	
STREET ADDRESS	100 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE	Mike Gorder	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same address	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	REED, LORRIE	
STREET ADDRESS	100 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	FELLMAN, PATTI	
STREET ADDRESS	263 13TH AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, JACKIE	
STREET ADDRESS	100 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE	Helene Mako	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same address	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HARWELL, NANCY	
STREET ADDRESS	ONE PROGRESS PLAZA	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-2-01

Daytime Phone #

727-820-5778

CR2E037 (10/00)