

2000 UNIFORM BUSINESS REPORT (UBR)

0006071

DOCUMENT # 758255

1. Entity Name

FILED

FLORIDA LAND SURVEYORS POLITICAL ACTION COMMITTEE

00 MAY 22 PM 4:05

Principal Place of Business

Mailing Address

1689-A MAHAN CENTER BLVD.
TALLAHASSEE FL 32308

1689-A MAHAN CENTER BLVD.
TALLAHASSEE FL 32308-5454

[Handwritten Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1208552

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

EVERS, MARILYN C
1689-A MAHAN CENTER BLVD.
TALLAHASSEE FL 32308

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	TC	<input type="checkbox"/> Delete
NAME	MATHEWS, W. L	
STREET ADDRESS	825 4TH STREET WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	TVC	<input type="checkbox"/> Delete
NAME	MAXWELL, MICHAEL H	
STREET ADDRESS	3200 BAILEY LANE, STE. 200	
CITY-ST-ZIP	NAPLES FL 32942	
TITLE	TS	<input type="checkbox"/> Delete
NAME	EVERS, W. L	
STREET ADDRESS	2907 SHAMROCK ST S	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input type="checkbox"/> Delete
NAME	NILES, GORDON R JR	
STREET ADDRESS	2131 CORPORATE SQ. BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/00

(941) 722-4561

012E037 (9/99)