

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90051 015 ****70.00

DOCUMENT # 758255

1. Entity Name

FLORIDA LAND SURVEYORS POLITICAL ACTION COMMITTEE, INC.



Principal Place of Business

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

Mailing Address

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

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 **59-1208552**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

60025085



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **TC**
STREET ADDRESS **MATHEWS, W. L**
CITY-ST-ZIP **2716 PABLO AVE
TALLAHASSEE FL 32303**

TITLE ☐ Delete
NAME **TVC**
STREET ADDRESS **MAXWELL, MICHAEL H**
CITY-ST-ZIP **3200 BAILEY LANE, STE. 200
NAPLES FL 32942**

TITLE ☐ Delete
NAME **TS**
STREET ADDRESS **EVERS, W. L**
CITY-ST-ZIP **2907 SHAMROCK ST S
TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **NILES, GORDON R JR**
CITY-ST-ZIP **2131 CORPORATE SQ. BLVD.
JACKSONVILLE FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2840 Pablo Avenue**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

W. L. MATHEWS JR
4/28/03
850 385 1133