## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 14, 2002 8:00 am Secretary of State **DOCUMENT # 759690** 1. Entity Name 02-14-2002 90089 020 \*\*\*\*61.25 FLORIDA PROPANE-PAC. INC. Principal Place of Business Mailing Address 214 S. MONROE STREET P.O. BOX 11026 TALLAHASSEE FL 32301 PO BOX 11026 TALLAHASSEE FL 32030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2118240 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rogers, G. David Street Address (P.O. Box Number is Not Acceptable) 214 South Monroe Street BAGGETT, FRED W 101 E COLLEGE AVE TALLAHASSEE FL FL 32301 Tallahassee 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. (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TIT! F ☐ Delete CD Change ☐ Addition NAME NAME BAKER, J K STREET ADDRESS STREET ADDRESS 2960 STRICKLAND ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32234 TITLE 🤚 ☐ Delete TITLE Change ☐ Addition NAME NAME ROGERS, G D STREET ADDRESS STREET ADDRESS 214 S. MONROE ST. CITY-ST-ZIP CITY-ST-ZIP TALLASSEE FL 33030 TITLE ☐ Delete TITLE VCD Change ☐ Addition NAME ENNIS, KATRINA STREET ADDRESS STREET ADDRESS 437 NORTH KROME AVE --CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete TITLE Change ☐ Addition NAME HILL. ROBERT J STREET ADDRESS STREET ADDRESS 702 NORTH FRANKLIN ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME MCPHILLIPS, DAVID STREET ADDRESS STREET ADDRESS 5307 E HANNA AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33617 TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

1/29/12

856-681-0486

Davtime Phone #

FILED