

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764703

1. Entity Name

CAPITOL PRESS CLUB OF FLORIDA, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90054 019 ****61.25

Principal Place of Business

Mailing Address

336 E COLLEGE AVE
STE 201
TALLAHASSEE FL 32301-8727
US

336 E COLLEGE AVE
STE 201
TALLAHASSEE FL 32301-1559
US

00000000



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

59-2553011

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

SILVA, MARK
336 E COLLEGE AVE
S201
TALLAHASSEE FL 32301

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 PD ☒ Delete
NAME FINEOUT, GARY
STREET ADDRESS 336 EAST COLLEGE AVE.
CITY-ST-ZIP TALLAHASSEE FL

TITLE PD ☒ Change ☐ Addition
NAME MORGAN, LUCY
STREET ADDRESS 336 EAST COLLEGE AVE
CITY-ST-ZIP TALLAHASSEE, FL

TITLE TD ☐ Delete
NAME SILVA, MARK
STREET ADDRESS 336 E COLLEGE AVE
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE VPD ☒ Delete
NAME MORGAN, LUCY
STREET ADDRESS 336 E COLLEGE AVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE VPD ☒ Change ☐ Addition
NAME DAVID COX
STREET ADDRESS 336 EAST COLLEGE AVE
CITY-ST-ZIP TALLAHASSEE, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mark Silva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00 850 222 3095

CR2627 0/000