

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90001 017 \*\*\*\*61.25

**DOCUMENT # 764703**

1. Entity Name

**CAPITOL PRESS CLUB OF FLORIDA, INC.**

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 32301-8727  
 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

**59-2553011**

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

**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 STEVE BOUSQUET  
 STREET ADDRESS 336 East College Ave.  
 CITY-ST-ZIP Tallahassee, FL 32301

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

TITLE ☐ Change ☐ Addition  
 NAME Same  
 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 ~~LUCY MORGAN~~ DAVID ROYCE  
 STREET ADDRESS Same 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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/01 850 222 3095**

Date

Daytime Phone #

CR2E037 (10/00)