

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91181 035 ****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

change suit - please



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 303

Suite, Apt. #, etc.

Suite 303

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

change Suite #

Name

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

City

Suite 303

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

Mark Silva

DEF

4/1/02

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
 NAME BOUSQUET, STEVE
 STREET ADDRESS 338 EAST COLLEGE AVE.
 CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ Delete

TITLE David Royse, PD
 NAME
 STREET ADDRESS 336 East College Ave.
 CITY-ST-ZIP Tallahassee, FL 32301 ☒ Change ☐ Addition

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

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

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

TITLE VPD
 NAME Leslay Clark
 STREET ADDRESS 336 E College Ave.
 CITY-ST-ZIP Tallahassee FL 32301 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

4/1/02 850 222 5564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)