

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000531

1. Entity Name

TPGC FINANCE CORPORATION

Principal Place of Business

502 FIFTH STREET  
PT ST JOE FL 32456

Mailing Address

P.O. BOX 1007  
PORT ST JOE FL 32457-1007

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ELLMER, R. MARK  
502 FIFTH STREET  
PT ST JOE FL 32456

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JOHN M 502 FIFTH STREET PT ST JOE FL 32456	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS DI PAULI, ROBERT V 502 FIFTH STREET PT ST JOE FL 32456	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAUGHAN, JOHN H 502 FIFTH STREET PT ST JOE FL 32456	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAISON, JAMES B 502 FIFTH STREET PT ST JOE FL 32456	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ELLMER, R. MARK 502 FIFTH STREET PT ST JOE FL 32456	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition *Please see the attached list of Officers and Directors.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition *Please see the attached list of Officers and Directors.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition *Please see the attached list of Officers and Directors.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition *Please see the attached list of Officers and Directors.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90159 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number  
75-2642940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (9/99)

**TPGC Finance Corporation  
Attachment 1 – 2000 UBR  
Directors and Officers**

Title: D/C  
Name: Jack H. Thomas  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City – ST – Zip: Port St. Joe, FL 32456

Title: Eugene B. Johnson  
Name: D/V  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City – ST – Zip: Port St. Joe, FL 32456

Title: M  
Name: John P. Duda  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City – ST – Zip: Port St. Joe, FL 32456

Title: P  
Name: John H. Vaughan  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City – ST – Zip: Port St. Joe, FL 32456

Title: V/S  
Name: Walter E. Leach, Jr.  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City – ST – Zip: Port St. Joe, FL 32456

Title: V  
Name: Timothy W. Henry  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City – ST – Zip: Port St. Joe, FL 32456

Title: V  
Name: Michael J. Stein  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City – ST – Zip: Port St. Joe, FL 32456

Title: V  
Name: S. Whitfield Edwards  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City – ST – Zip: Port St. Joe, FL 32456

Title: V  
Name: Lisa R. Hood  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City - ST - Zip: Port St. Joe, FL 32456

Title: V  
Name: James B. Faison  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City - ST - Zip: Port St. Joe, FL 32456

Title: AS  
Name: Neil A. Torpey  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City - ST - Zip: Port St. Joe, FL 32456

Title: AS  
Name: Shirley J. Linn  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City - ST - Zip: Port St. Joe, FL 32456

Title: D  
Name: Daniel G. Bergstein  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City - ST - Zip: Port St. Joe, FL 32456

Title: D  
Name: George E. Matelich  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City - ST - Zip: Port St. Joe, FL 32456

Title: D  
Name: Frank K. Bynum, Jr  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City - ST - Zip: Port St. Joe, FL 32456

Title: D  
Name: Anthony J. DiNovi  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City - ST - Zip: Port St. Joe, FL 32456

Title: D  
Name: Kent R. Weldon  
Street Address: 502 Cecil G Costin, Sr. Blvd.  
City - ST - Zip: Port St. Joe, FL 32456