AMENDED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED 01-04-2002 90549 033 ****61.25
G65647

02 JUL 11 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G65647

1. Entity Name
FAIA Member Services, Inc.

DO NOT WRITE IN THIS SPACE

B0127066

2. Principal Place of Business	3. Mailing Address
3159 Shamrock Dr S	3159 Shamrock Dr S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32309 Country: Leon	Zip: 32309 Country: Leon

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2334480 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Peter Rice

Street Address (P.O. Box Number is Not Acceptable): 3159 Shamrock Dr S

City: Tallahassee **FL** Zip Code: 32309

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: Peter Rice (Signature, typed or printed name of registered agent and title if applicable) [signature] (NOTE: Registered Agent signature required when reinstating) 7/2/02 DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D
NAME	Grady, Jeffrey W
STREET ADDRESS	3159 Shamrock Dr S
CITY-ST-ZIP	Tallahassee, Fl 32309
TITLE	D
NAME	Cotton, Tom
STREET ADDRESS	2315 Curry Ford Road
CITY-ST-ZIP	Orlando, FL 32806
TITLE	C
NAME	Rogers, Sam Jr.
STREET ADDRESS	1197 Thomasville Road
CITY-ST-ZIP	Tallahassee, Fl 32303
TITLE	P
NAME	Rice, Peter
STREET ADDRESS	3159 Shamrock Dr S.
CITY-ST-ZIP	Tallahassee, Fl 32309
TITLE	D
NAME	Skilles, Jim
STREET ADDRESS	605 NE First St
CITY-ST-ZIP	Gainesville, FL 32601
TITLE	S/T
NAME	Gholston, Kathy
STREET ADDRESS	3159 Shamrock Dr S.
CITY-ST-ZIP	Tallahassee, FL 32309

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 7/2/02 Date 850-893-4155 Daytime Phone #

Attachment
4 Pages
G60647

B01270d6

Schedule of Officers and Directors

D
Della Porta, Veronica
3112 St. Johns Bluff Rd S
Jacksonville, FL 32246

D
Collinsworth, Meade
5979 NW 151st Ste 105
Miami, Lakes FL 33014