

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90033 024 \*\*\*\*61.25

**DOCUMENT # N24999**

1. Entity Name

**PRODUCERS COUNCIL OF FLORIDA, INC.**

Principal Place of Business

4134 ST. AUGUSTINE RD.  
P.O. BOX 5973  
JACKSONVILLE FL 32247-5973

Mailing Address

4134 ST. AUGUSTINE RD.  
P.O. BOX 5973  
JACKSONVILLE FL 32247-5973

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

**59-2868868**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional,  
Fee Required

6. Name and Address of Current Registered Agent

**ZART, CARL**  
**4314 ST. AUGUSTINE RD.**  
**JACKSONVILLE FL 32207**

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

**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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, JEFF	
STREET ADDRESS	6610 SUEMAC PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, LEE	
STREET ADDRESS	415 MCCULLUM CIRCLE	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAYES, NEAL	
STREET ADDRESS	POST OFFICE BOX 895008	
CITY-ST-ZIP	LEESBURG FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HUNTER, DONNIE	
STREET ADDRESS	1461 OTTOES PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, LEE	
STREET ADDRESS	415 MCCULLUM CIRCLE	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIN, STEWART	
STREET ADDRESS	P.O. Box 6513	
CITY-ST-ZIP	JACKSONVILLE FL 32236	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, TODD	
STREET ADDRESS	1512 THE STRAND	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **HUNTER** 4/3/00 904-287-9211

CR2E037 (9/99)