

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24999

1. Entity Name

PRODUCERS COUNCIL OF FLORIDA, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90053 040 *****61.25

0013222

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

4. FEI Number

59-2868868

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

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

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 VPD
NAME IRWIN, STEWART
STREET ADDRESS P O BOX 6513
CITY-ST-ZIP JACKSONVILLE FL 32236 ☐ Delete

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

TITLE PD
NAME HOLLAND, LEE
STREET ADDRESS 416 MCCULLUM CIRCLE
CITY-ST-ZIP NEPTUNE BEACH FL ☐ Delete

TITLE PD
NAME Holland, Lee
STREET ADDRESS 2340 W. OCEAN FOREST DR.
CITY-ST-ZIP ATLANTIC BEACH, FL 32233 ☐ Change ☐ Addition

TITLE VPD
NAME BROWN, TODD
STREET ADDRESS 1512 THE STRAND
CITY-ST-ZIP NEPTUNE BEACH FL 32266 ☐ Delete

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

TITLE STD
NAME HUNTER, DONNIE
STREET ADDRESS 1461 OTOES PLACE
CITY-ST-ZIP JACKSONVILLE FL ☐ 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:

Donnie Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

904-287-9211

Date

Daytime Phone #

CR2E037 (10/00)