

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33718

1. Entity Name

FLORIDA GOVERNMENT COMMUNICATORS ASSOCIATION INC

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90215 045 ****70.00

Principal Place of Business

Mailing Address

UTILITIES ADMINISTRATION
2891 HARPER RD
MELBOURNE FL 32904
US

C/O JENNIFER WILSTER
2891 HARPER RD
MELBOURNE FL 32904-1154
US

00024706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

St Johns County

St Johns County

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4020 Lewis Speedway

P.O. Drawer 349

City & State

City & State

St Augustine, FL

St Augustine, FL

Zip

Country

Zip

Country

32095

USA

32085

USA

4. FEI Number

59-2960486

Applied For

Not Applicable

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

WILSTER, JENNIFER
2891 HARPER RD
CITY OF MELBOURNE UTILITIES ADMINISTRATION
MELBOURN FL 32904

Name Patricia A. Heiss

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

4020 Lewis Speedway

St Johns County Administration

City

St Augustine

FL

Zip Code

32095

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 Patricia A. Heiss, Patricia A. Heiss

2/18/00

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	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, SONNY	
STREET ADDRESS	151 SE OSCEOLA AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BEEM, CARRIE	
STREET ADDRESS	100 S MYRTLE AVE	
CITY-ST-ZIP	CLEARWATER FL 33758	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSTER, JENNIFER	
STREET ADDRESS	2891 HARPER RD	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUSSONG, NANCY	
STREET ADDRESS	1804 LEWIS TURNER BLVD #100	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEISS, PATSY	
STREET ADDRESS	4020 LEWIS SPEEDWAY	
CITY-ST-ZIP	ST. AUGUSTINE FL 32085	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERTENS, LORI	
STREET ADDRESS	1600 S PARK ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33022	

TITLE	Director - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helmut, Kathryn	
STREET ADDRESS	1698 65th Ave, N, Ste A	
CITY-ST-ZIP	Pinellas Park, FL 33781-5060	
TITLE	Director - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larson, Wayne	
STREET ADDRESS	101 N. Church St	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	President - P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilster, Jennifer	
STREET ADDRESS	2891 Harper Rd.	
CITY-ST-ZIP	Melbourne, FL 32904	
TITLE	Vice President - V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hussong, Nancy	
STREET ADDRESS	1804 Lewis Turner Blvd #100	
CITY-ST-ZIP	FT Walton Beach, FL 32547	
TITLE	Treasurer - T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heiss, Patsy	
STREET ADDRESS	4020 Lewis Speedway	
CITY-ST-ZIP	St Augustine, FL 32085	
TITLE	Secretary - S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mertens, Lori	
STREET ADDRESS	1600 S. Park Rd	
CITY-ST-ZIP	Hollywood, FL 33022	

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: Patricia A. Heiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00 904-823-2375

Date

Daytime Phone #

CR2E037 (9/99)