

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N35208

1. Entity Name
FLORIDA UNITED BUSINESSES ASSOCIATION, INC.



FILED
05 APR 15 AM 9:28

Principal Place of Business
116 S MONROE ST
TALLAHASSEE, FL 32301 US

Mailing Address
P O BOX 1302
TALLAHASSEE, FL 32302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2976776

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STAHL, THOMAS W.
116 S MONROE ST
STE 300
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Karen E. Phillips
Street Address (P.O. Box Number is Not Acceptable) 116 S. Monroe St.
City Tallahassee FL Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Karen E. Phillips

(NOTE: Registered Agent signature required when reinstating)

3/4/05

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME TD
STREET ADDRESS DURRANCE, FRANK
CITY-ST-ZIP 950 N. ORLANDO AVE., SUITE 210
WINTER PARK, FL

TITLE ☐ Delete
NAME PD
STREET ADDRESS JENNINGS, JEFF
CITY-ST-ZIP 1030 WILFRED
ORLANDO, FL

TITLE ☐ Delete
NAME E
STREET ADDRESS STAHL, THOMAS W.
CITY-ST-ZIP 2033 E. FOREST DRIVE
TALLAHASSEE, FL

TITLE ☐ Delete
NAME SD
STREET ADDRESS SMITH, BOB
CITY-ST-ZIP 305 PINEY KNOLL LN
HENDERSONVILLE, NC 28739

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200053932752
CITY-ST-ZIP 05/06/05--01007--011 **150.00

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

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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-05

Date

Daytime Phone #

850-681-6265

Thomas W. Stahl