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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38307

1. Corporation Name

GET UNIFIED NOW POLITICAL ACTION COMMITTEE, INC.

Principal Place of Business

C/O KENNETH S. BEALL, JR.
777 S. FLAGLER DR. #500 EAST
WEST PALM BEACH FL 33401

Mailing Address

C/O KENNETH S. BEALL, JR.
777 S. FLAGLER DR. #500 EAST
WEST PALM BEACH FL 33401



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/23/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0216116

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEALL, KENNETH S. JR.
777 S. FLAGLER DR #500 EAST
SUITE 500 E
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	MCINTOSH, DAVID	
STREET ADDRESS	777 S FLAGLER DR #500 E	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRINDELL, JAMES R.	
STREET ADDRESS	777 S FLAGLER DR #500 E	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CARMODY, JOHN T., JR.	
STREET ADDRESS	10 CENTRAL PKWY #400	
CITY-ST-ZIP	STUART FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HALL, D	
STREET ADDRESS	500 E BROWARD BLVD., SUITE 1400	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VALDES-FAULI, R.J.	
STREET ADDRESS	2 SO BISCAYNE BLVD., SUITE 3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VEIL, MICHELE	
STREET ADDRESS	777 S FLAGLER DR., SUITE 500E	
CITY-ST-ZIP	WEST PALM BEACH FL	

1.1 TITLE	CPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CAMPBELL, STEVEN J.	
1.3 STREET ADDRESS	777 S FLAGLER DR #500E	
1.4 CITY-ST-ZIP	WEST PALM BEACH FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald J. Hall, VPD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: [Handwritten Signature]
Date: 2-8-99
Daytime Phone #: 954-462-2000

CR2E037 (11/98)