

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90015 013 ****61.25

DOCUMENT # N38307

1. Entity Name

GET UNIFIED NOW POLITICAL ACTION COMMITTEE, INC.

Principal Place of Business

Mailing Address

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

C/O KENNETH S. BEALL, JR.
 777 S. FLAGLER DR. #500 EAST
 WEST PALM BEACH FL 33401-6161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0216116

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

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

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 **CPD** Delete
 NAME **CAMPBELL, STEVEN J**
 STREET ADDRESS **777 S FLAGLER DR #500 E**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **BRINDELL, JAMES R.**
 STREET ADDRESS **777 S FLAGLER DR #500 E**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **CARMODY, JOHN T., JR.**
 STREET ADDRESS **10 CENTRAL PKWY #400**
 CITY-ST-ZIP **STUART FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **HALL, D**
 STREET ADDRESS **500 E BROWARD BLVD., SUITE 1400**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **VALDES-FAULI, R.J.**
 STREET ADDRESS **2 SO BISCAYNE BLVD., SUITE 3400**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VPD** Change Addition
 NAME **William L. Hyde**
 STREET ADDRESS **215 S. Monroe St., Suite 830**
 CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **ST** Delete
 NAME **VEIL, MICHELE**
 STREET ADDRESS **777 S FLAGLER DR., SUITE 500E**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **ST** Change Addition
 NAME **Nancy C. L'Honmedieu**
 STREET ADDRESS **215 S. Monroe St., Suite 830**
 CITY-ST-ZIP **Tallahassee, FL 32301**

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: *William L. Hyde* **William L. Hyde**

4/6/00

850-222-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)