

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2001 91170 003 ****96.25

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

771348



DO NOT WRITE IN THIS SPACE

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

William L. Hyde

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

215 S. Monroe Street

Suite 830

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.

SIGNATURE

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

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

(NOT Registered Agent signature required when reinstating)

5/22/01

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	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, STEVEN J	
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	HYDE, WILLIAM L	
STREET ADDRESS	215 S MONROE ST STE 830	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	ST	<input type="checkbox"/> Delete
NAME	L'HOMMEDIEU, NANCY C	
STREET ADDRESS	215 S MONROE ST STE 830	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, ERNEST A., III	
STREET ADDRESS	777 FLAGLER DR #500 E	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 no 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: **X** **William L. Hyde** **5/22/01** **850-222-6660**

CR2E037 (10/00)