

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N46224**

1. Entity Name

**FLORIDA PUBLIC WAREHOUSE ASSOCIATION, INC.**

Principal Place of Business

1560 JESSIE STREET  
JACKSONVILLE FL 32206  
US

Mailing Address

P.O. BOX 2620  
JACKSONVILLE FL 32203  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3094694**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L.  
233 E. BAY STREET  
SUITE 901, BLACKSTONE BLDG.  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

TITLE CPD  
NAME DUKE, THOMAS A.  
STREET ADDRESS 1560 JESSIE ST...  
CITY-ST-ZIP JACKSONVILLE FL  
☐ DeleteTITLE STD  
NAME SPENCE, CARLTON H.  
STREET ADDRESS PO BOX 41064 N/A...  
CITY-ST-ZIP JACKSONVILLE FL  
☐ DeleteTITLE D  
NAME COMER, JAMES D.  
STREET ADDRESS 560 HECKSHER DR.  
CITY-ST-ZIP JACKSONVILLE FL  
☐ DeleteTITLE D  
NAME FUTERNICK, MORRIS  
STREET ADDRESS 12300 NW 32ND AVENUE  
CITY-ST-ZIP MIAMI FL  
☐ DeleteTITLE D  
NAME LYONS, DAVID  
STREET ADDRESS 3010 SADDLE CREEK RD.  
CITY-ST-ZIP LAKELAND FL  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 links empowered.

**SIGNATURE:****SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

904-3534841

Date

Daytime Phone #

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90028 047 \*\*\*\*61.25

408354



DO NOT WRITE IN THIS SPACE

0059837

CR2E037 (9/01)