

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2000 08:00 AM

Secretary of State

DOCUMENT # N95000004956

1. Entity Name

FLORIDA ASSOCIATION OF PROFESSIONAL GEOLOGISTS, INC.

Principal Place of Business

Mailing Address

335 BEARD STREET

335 BEARD STREET

TALLAHASSEE
32303

FL

TALLAHASSEE
32303

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3348496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS ROBERT C
335 BEARD STREET

TALLAHASSEE
32303

FL

US

Name

SKROB ROBERT

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

335 BEARD STREET

City

TALLAHASSEE

FL

Zip Code
32303

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 ROBERT SKROB

03/14/2000

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 SD ☐ Delete
NAME GROSS JIM
STREET ADDRESS PO BOX 24680
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD ☒ Change ☐ Addition
NAME RACHAL RICK
STREET ADDRESS 7825 BAYMEADOWS WAY, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL

TITLE T ☐ Delete
NAME BARNES PATRICK
STREET ADDRESS 3655 MAGUIRE BLVD STE 150
CITY-ST-ZIP ORLANDO FL

TITLE TD ☒ Change ☐ Addition
NAME MANGHEIMER STU
STREET ADDRESS 800 BRICKELL AVE., SUITE 710
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete
NAME LLOYD JACKIE
STREET ADDRESS 14221 BUCKHORNE RD
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☒ Change ☐ Addition
NAME GLEASON PAT
STREET ADDRESS 1131 N. PALMWAY
CITY-ST-ZIP LAKE WORTH FL

TITLE P ☐ Delete
NAME EDELSTEIN RAND
STREET ADDRESS 007 TOM ROBERTS RD
CITY-ST-ZIP PANACEA FL

TITLE D ☒ Change ☐ Addition
NAME EDELSTEIN RAND
STREET ADDRESS 007 TOM ROBERTS RD
CITY-ST-ZIP PANACEA FL

TITLE D ☐ Delete
NAME HERBERT THOMAS DR.
STREET ADDRESS 546 E. CALL ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE P ☒ Change ☐ Addition
NAME LLOYD JACKIE
STREET ADDRESS 14221 BUCKHORNE RD.
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.