

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000004956**1. Entity Name  
FLORIDA ASSOCIATION OF PROFESSIONAL GEOLOGISTS, INC.Principal Place of Business  
335 BEARD STREET  
TALLAHASSEE FL 32303  
Mailing Address  
335 BEARD STREET  
TALLAHASSEE FL 323032. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3348496**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**SKROB ROBERT  
335 BEARD STREET  
TALLAHASSEE FL 32303  
US**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 **ROBERT SKROB****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	Delete
SD	RACHAL RICK	7825 BAYMEADOWS WAY, SUITE 200	JACKSONVILLE	FL	<input type="checkbox"/>
TD	MANGHEIMER STU	800 BRICKELL AVE., SUITE 710	MIAMI	FL	<input type="checkbox"/>
VD	GLEASON PAT	1131 N. PALMWAY	LAKE WORTH	FL	<input type="checkbox"/>
D	EDELSTEIN RAND	007 TOM ROBERTS RD	PANACEA	FL	<input type="checkbox"/>
P	LLOYD JACKIE	14221 BUCKHORNE RD.	TALLAHASSEE	FL	<input type="checkbox"/>
					<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	Change	Addition
VD	MANGHEIMER STU	6365 NW 6TH WAY, STE 320	FT. LAUDERDALE	FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	LEMONS CARLOS	4610 CENTRAL AVENUE	ST. PETERSBURG	FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	WOOD WALTER	599 HEATHER BRITE CIRCLE	APOPKA	FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	LLOYD JACKIE	903 WEST TENNESSEE STREET	TALLAHASSEE	FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carlos Lemos**

TD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)