

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000086

1. Entity Name

SPECIALTY AGENTS POLITICAL ACCEPTANCE COMMITTEE,

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90012 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

305 SPRING LANE HILLS DR  
ALTAMONTE SPRINGS FL 32714

305 SPRING LANE HILLS DR  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

180 S. Knowles

180 S. Knowles

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Winter Park FL

City & State  
Winter Park FL

4. FEI Number

59-3350884

Applied For

Not Applicable

Zip  
32710

Country  
Orange

Zip  
32790

Country  
Orange

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

VICKERY, MICHELE  
305 SPRING LAKE HILLS DR  
ALTAMONTE SPRINGS FL 32714

Name

Jed Berman

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

180 S. Knowles

City  
Winter Park

FL

Zip Code  
32790

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

4/21/00

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
HILL, RICHARD  
5211 TIMUQUANA ROAD, #6  
JACKSONVILLE FL 32210 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
FLEMING, ADRIENNE  
4501 N. NEBRASKA AVE  
TAMPA FL 33603 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
LUCAS, CAREN  
32321 HAVEN COURT #100  
LEESBURG FL 34788 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
JENKINS, ELI  
5285 PARK BLVD  
PINELLAS PARK FL 34665 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 407-786-2077

CR2E037 (9/99)