

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000086

1. Entity Name

SPECIALTY AGENTS POLITICAL ACCEPTANCE COMMITTEE,

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90068 018 ****61.25

0025006

Principal Place of Business

180 S KNOWLES
WINTER PARK FL 32790

Mailing Address

180 S KNOWLES
WINTER PARK FL 32790

736583

2. Principal Place of Business

4501 N. Nebraska Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9015
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa Florida

City & State

Tampa Florida

4. FEI Number

59-3350884

Applied For

Not Applicable

Zip

33603

Country

USA

Zip

33674

Country

USA

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

BERMAN, JED
180 S KNOWLES
WINTER PARK FL 32790

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

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
Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
JENKINS, ELI
5265 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
Adrienne Fleming

3-15-01

813

231-3488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)