

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000087

1. Entity Name
SPECIALTY AGENTS POLITICAL AWARENESS COMMITTEE,

Principal Place of Business
305 SPRING LAKE HILLS DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address
305 SPRING LAKE HILLS DRIVE
ALTAMONTE SPRINGS FL 32714

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
59-3350887

Applied For
Not Applicable

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

SPECIALTY AGENTS - MICHELE VICUERY
305 SPRING LAKE HILL PL
ALTAMONE SPGS FL 32714

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
After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	DALY, FRANK	
STREET ADDRESS	5387 SW ANAHIGA AVE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEMING, ADRIENNE	
STREET ADDRESS	4501 N NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUCAS, CAREN	
STREET ADDRESS	32321 HAVEN CT #100	
CITY-ST-ZIP	LEESBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JENKINS, EU	
STREET ADDRESS	5265 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HILL, RICHARD	
STREET ADDRESS	5211 TIMUQUANA RD #6	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-00

231-3443

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90104 048 ****61.25
05-01-2000 90315 012 ****61.25

A0073253



DO NOT WRITE IN THIS SPACE