

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000088

1. Entity Name

SPECIALTY AGENTS POLITICAL ACTIVITY COMMITTEE, I

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

05-01-2000 90012 040 ****61.25

Principal Place of Business Mailing Address
305 SPRING LAKE HILLS DR 305 SPRING LAKE HILLS DR
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714-3426
US US

2. Principal Place of Business 3. Mailing Address
180 S. Knowles 180 S. Knowles
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Winter Park FL Winter Park FL
Zip Country Zip Country
32740 Orange 32740 Orange

4. FEI Number 59-3350883
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VICKERY, MICHELLE
305 SPRING LAKE HILLS PL
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
Name Ted Berman
Street Address (P.O. Box Number is Not Acceptable)
180 S. Knowles
City Winter Park FL Zip Code 32740

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  DATE 4/2/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, RICHARD		NAME		
STREET ADDRESS	5211 TIMUQUANA RD, #6		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, ADRIENNE		NAME		
STREET ADDRESS	4501 N. NEBRASKA AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, CAREN		NAME		
STREET ADDRESS	32321 HAVEN COURT #100		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34788		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, ELI		NAME		
STREET ADDRESS	5265 PARK BLVD		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34665		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DATE 4-12-00 407-726-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)