

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

0025037

**DOCUMENT # N96000000088**

1. Entity Name

**SPECIALTY AGENTS POLITICAL ACTIVITY COMMITTEE, I**

04-03-2001 90068 020 \*\*\*\*61.25

Principal Place of Business

**180 S KNOWLES  
WINTER PARK FL 32790  
US**

Mailing Address

**180 S KNOWLES  
WINTER PARK FL 32790  
US**

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

**59-3350883**

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

**BERMAN, JED  
180 S KNOWLES  
WINTER PARK FL 32790**

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

*Eli Jenkins*

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

(NOTE: Registered Agent signature required when reinstating)

**3/8/01**

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

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

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

TITLE **TD** ☐ Delete  
NAME **JENKINS, ELI**  
STREET ADDRESS **5265 PARK BLVD**  
CITY-ST-ZIP **PINELLAS PARK FL 34665**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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 things empowered.

SIGNATURE:

*Adrienne Fleming* **3-15-01** **8B 231-3488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)