

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000089

1. Entity Name

SPECIALTY AGENTS POLITICAL ACHIEVEMENT COMMITTEE

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90001 008 ****61.25

Principal Place of Business

Mailing Address

305 SPRING LAKE HILLS DR
ALTAMONTE SPRINGS FL 32714
US

305 SPRING LAKE HILLS DR
ALTAMONTE SPRINGS FL 32714-3426
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)