

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-03-2001 90068 019 ****61.25

DOCUMENT # N96000000089

1. Entity Name

SPECIALTY AGENTS POLITICAL ACHIEVEMENT COMMITTEE

Principal Place of Business

Mailing Address

180 S. KNOWLES
 WINTER PARK FL 32790
 US

180 S. KNOWLES
 WINTER PARK FL 32790
 US

2. Principal Place of Business

3. Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tampa Florida

Tampa Florida

4. FEI Number

59-3350889

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

Elis J. Jenkins

3/8/01

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 TIMUGUANA ROAD, #6
 JACKSONVILLE FL

☐ 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

☐ 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

☐ 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

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 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:

Adrienne Fleming 3-13-01 231-3488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)