

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90069 021 \*\*\*\*61.25

**DOCUMENT # N96000000500**

1. Entity Name

**FLORIDA EMPLOYER ADVISORY COUNCIL, INC.**

Principal Place of Business

Mailing Address

2326 WILLOW BEND BLVD.  
 FT. WALTON BEACH FL 32547

2326 WILLOW BEND BLVD.  
 FT. WALTON BEACH FL 32547

2. Principal Place of Business

3. Mailing Address

**5615 Rosebay St**  
 Suite, Apt. #, etc.

**5615 Rosebay St**  
 Suite, Apt. #, etc.

City & State

City & State

**Milton, FL**

**Milton FL**

Zip

Country

Zip

Country

**32583**

**32583**

4. FEI Number

**59-3352130**

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

**DAVIS, GUNNAR**  
 2326 WILLOW BLEND BLVD  
 FT WALTON BCH FL 32547

Name

Street Address (P.O. Box Number is Not Acceptable)

**5615 Rosebay St**

City

**MILTON**

**FL**

Zip Code  
**32583**

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)

**GUNNAR F. DAVIS President**

**4/8/02**

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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **DAVIS, GUNNAR F**  
 CITY-ST-ZIP **2326 WILLOW BEND BLVD.  
 FT. WALTON BEACH FL 32547**

TITLE ☒ Change ☐ Addition  
 NAME **5615 Rosebay St**  
 STREET ADDRESS **MILTON, FL 32583**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **EVANCHO, AMY**  
 CITY-ST-ZIP **5440 NW 33RD AVE #106  
 FT LAUDERDALE FL 33301**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WEED, JOHN**  
 CITY-ST-ZIP **1401 S. 9TH ST.  
 LEEsburg FL 34748**

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **RODRIGUEZ, STEPHEN**  
 CITY-ST-ZIP **5300 GULF BLVD  
 ST PETERSBURG FL 33706**

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **HORNE, DENISE**  
 CITY-ST-ZIP **300 MABRY ST.  
 TALLAHASSEE FL 32304**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **VALORRRAMA, ERNIE**  
 CITY-ST-ZIP **252 W. CHESTER DR.  
 DELAND FL 32724**

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

**GUNNAR F. DAVIS**

**4/8/02 (850) 626-1460**

Day

Daytime Phone #

CR2E037 (9/01)