## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **N9700001449** Jan 27, 2000 8:00 am Secretary of State FLORIDA MINERALS ASSOCIATION, INC. 01-27-2000 90094 011 \*\*\*\*61.25 Principal Place of Business Mailing Address PO BOX 7659 PO BOX 7659 TALLAHASSEE FL 32314-7659 TALLAHASSEE FL 32314-7659 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant # etc City & State City & State 4. FEI Number Applied For 91-1910120 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MATTHEWS, FRANK HOPPING GREEN SAMS & SMITH 123 CALHOUN ST City Zip Code TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Change ☐ Addition TITLE Delete TITLE NAME NAME williams, david STREET ADDRESS STREET ADDRESS 1101 N MADISON ST CITY-ST-ZIP CITY-ST-ZIP QUINCY FL 32351-9640 ☐ Delete TITLE ☐ Change ☐ Addition TITLE TD NAME BATTS, MICHAEL S NAME STREET ADDRESS STREET ADDRESS 2916 E PARK AVE CITY-ST-ZIP-CITY-ST-ZIP.-TALLAHASSEE FL 32301 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME SLOAN, GRAEME STREET ADDRESS STREET ADDRESS RGC, 1223 WATNER RD CITY-ST-ZIP CITY-ST-7IP GREEN COVE SPGS FL 32403-4623 Change **Addition** Delete TITLE TITLE Nichols, PAT P.O. BOX 753 NAME BROWN, RICK NAME MFM, 3300 SW 34TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Starke, F OCALA FL 32674 Change TITLE Delete TITLE MONDRON, Robert NAME NAME 1130 Dalé St. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE 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 findicated 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: \_

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/00 850/878