

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001449

1. Entity Name

FLORIDA MINERALS ASSOCIATION, INC.

Principal Place of Business

P O BOX 1584  
ORANGE PARK FL 32067-1584

Mailing Address

P O BOX 1584  
ORANGE PARK FL 32067-1584

2. Principal Place of Business

2916 E. Park Ave.

Suite, Apt. #, etc.

3. Mailing Address

2916 E. Park Ave.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

City & State

Tallahassee, FL

Zip

32301

Country

USA

4. FEI Number

91-1910120

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

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

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 ~~P~~ ☐ Delete  
NAME CUNIO, MIKE  
STREET ADDRESS 1101 N MADISON ST  
CITY-ST-ZIP QUINCY FL 32351-9840

TITLE ~~P~~ ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME BATTS, MICHAEL S  
STREET ADDRESS 2916 E PARK AVE  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE ~~P~~ ☒ Delete  
NAME SLOAN, GRACIE  
STREET ADDRESS 1223 WARNER RD  
CITY-ST-ZIP GREEN COVE SPGS FL 32403-4623

TITLE ~~P~~ ☒ Change ☐ Addition  
NAME Jim Scott  
STREET ADDRESS (same)  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME NICHOLS, PATRICIA  
STREET ADDRESS P.O. BOX 753  
CITY-ST-ZIP STARKE FL 32091

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

TITLE D ☒ Delete  
NAME MCDANIEL, JIM  
STREET ADDRESS RMC, 59 SARASOTA CTR BLVD  
CITY-ST-ZIP SARASOTA FL 34240

TITLE (same) ☒ Change ☐ Addition  
NAME Jon Koepke  
STREET ADDRESS (same)  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HARRIS, C.T. JR  
STREET ADDRESS 9411 DEEPSTEP RD.  
CITY-ST-ZIP SANDERSVILLE GA 31082

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:

MICHAEL S. BATTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/02 850/878-3331

CR2E037 (9/01)