

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007177

1. Entity Name

FLORIDA 2012, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90318 005 ****61.25

Principal Place of Business

Mailing Address

501 E. KENNEDY BLVD
SUITE 175
TAMPA FL 33602

PO BOX 172177
TAMPA FL 33672-0177

2. Principal Place of Business

3. Mailing Address

501 E. KENNEDY BLVD.

Suite, Apt. #, etc.

SUITE 175

CITY & STATE
TAMPA, FL

Zip

33602

Country

USA

4. FEI Number

59-3488123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, JAMES J III
401 E. JACKSON STREET STE 2500
TAMPA FL 33602

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 PD ☐ Delete
NAME TURANCHIK, EDWIN
STREET ADDRESS 501 E. KENNEDY BLVD STE 175
CITY-ST-ZIP TAMPA FL 33602

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

TITLE CD ☐ Delete
NAME SYKES, JOHN H
STREET ADDRESS 100 N. TAMPA STREET STE 3900
CITY-ST-ZIP TAMPA FL 33602

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

TITLE SD ☐ Delete
NAME SCHIRM, JOANIE
STREET ADDRESS 1230 E. HILL CREST STREET
CITY-ST-ZIP TAMPA FL 33602

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

TITLE T ☒ Delete
NAME VOSKERICHIAN, JOSEPH
STREET ADDRESS P.O. BOX 31590 N/A
CITY-ST-ZIP TAMPA FL 33631

TITLE TD ☐ Change ☒ Addition
NAME SANDY MACKINNON
STREET ADDRESS 2230 NORTH US HWY 301
CITY-ST-ZIP TAMPA, FL 33619

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

4/28/2000 8:3
204-2143

Date

Daytime Phone #

CR2E037 19/99