

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90308 042 ****61.25

DOCUMENT # N97000007177

1. Entity Name

FLORIDA 2012, INC.

Principal Place of Business

Mailing Address

501 E. KENNEDY BLVD
 SUITE 175
 TAMPA FL 33602

501 E. KENNEDY BLVD
 SUITE 175
 TAMPA FL 33602

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3488123

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SAME

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
 NAME TURANCHIK, EDWIN Delete
 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 VCD Change Addition
 NAME TIMBERLAKE, ED
 STREET ADDRESS 390 N. ORANGE AVE., SUITE 700
 CITY-ST-ZIP ORLANDO, FL 32801

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

TITLE VCD Change Addition
 NAME SIBLEY, M.D., MARK A.
 STREET ADDRESS 1515 9th AVENUE NORTH
 CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE TD Delete
 NAME MAC KINNON, SANDY
 STREET ADDRESS 2230 NORTH US HWY 301
 CITY-ST-ZIP TAMPA FL 33619

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Change Addition
 NAME NANNEY, ROGER
 STREET ADDRESS 201 E. KENNEDY BLVD., SUITE 1200
 CITY-ST-ZIP TAMPA, FL 33602

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01
 Date

Daytime Phone #

CR2E037 (10/00)