NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007177

1. Entity Name

FLORIDA 2012, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

2002 UBR

2. Principal Place of Business	3. Mailing Address
401 E. Jackson	SAME
Suite, Apt. #, etc. 2500	Suite, Apt. #, etc.
City & State Tampa	City & State
Zip 33602 Country USA	Zip Country

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

7. Name and Address of Current Registered Agent

Name: James J. Kennedy, III, Esq.

Street Address (P.O. Box Number is Not Acceptable): 401 E. Jackson Street, Suite 2500

City: Tampa FL Zip Code: 33602

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE	Vice Chairman (D)
NAME	Ed Timberlake
STREET ADDRESS	390 N. Orange Ave. Suite 700
CITY-ST-ZIP	Orlando, Florida 32801
TITLE	Sandy Mackinnon, Chairman (D)
NAME	
STREET ADDRESS	2230 North US Hwy 301
CITY-ST-ZIP	Tampa, Florida 33619
TITLE	Treasurer (D)
NAME	Roger Nanney
STREET ADDRESS	201 E. Kennedy, Suite 1200
CITY-ST-ZIP	Tampa, Flo 33602
TITLE	President/CEO (D)
NAME	Ed Turanchik
STREET ADDRESS	120 Kreutzer
CITY-ST-ZIP	Tampa, Florida 33609
TITLE	Secretary (D)
NAME	Joanie Schirmer
STREET ADDRESS	1230 Hillcrest
CITY-ST-ZIP	Orlando, Florida 32803
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Edwin Turanchik 10/7/02 813-253-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #