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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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

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

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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 #

CR2E037B (12/01)