

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90003 043 ****61.25

DOCUMENT # N98000005202

1. Entity Name

FLORIDA MINERALS ASSOCIATION LEGISLATIVE FUND, I

Principal Place of Business

1101 N MADISON STREET
 QUINCY FL 32351

Mailing Address

1101 N MADISON STREET
 QUINCY FL 32351

2. Principal Place of Business

2916 E. Park Ave.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip 32301

Country

USA

City & State

Same

Zip

Same

Country

Same

4. FEI Number

59-3538053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DAVID C
 1101 N MADISON STREET
 QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

Matthews, Frank

Street Address (P.O. Box Number is Not Acceptable)

Hopping Green Sams & Smith

123 Calhoun St.

City

Tallahassee

FL

Zip Code

32301

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, DAVID C	
STREET ADDRESS	1101 N MADISON STREET	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOANE, GRAEME	
STREET ADDRESS	1223 WARNER ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043-4623	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATTS, MIKE	
STREET ADDRESS	2916 E PARK AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, PATRICIA	
STREET ADDRESS	PO BOX 753	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONDRON, ROBERT	
STREET ADDRESS	1130 DADE STREET	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, C T JR	
STREET ADDRESS	9411 DEEPSTEP ROAD	
CITY-ST-ZIP	SANDERSVILLE GA 31082	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McDaniel, Jim	
STREET ADDRESS	Rmc 59 Sarasota Center Blvd.	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Cunico, Mike	
STREET ADDRESS	Engelhard	
CITY-ST-ZIP	1101 N. Madison St. Quincy, FL 32351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2/27/01

Date

850/878-3331

Daytime Phone #

CR2E037 (10/00)