

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90045 001 \*\*\*\*61.25

**DOCUMENT # N98000005202**

1. Entity Name

**FLORIDA MINERALS ASSOCIATION LEGISLATIVE FUND, I  
 NC.**

Principal Place of Business  
**2916 E PARK AVENUE  
 TALLAHASSEE FL 32301**

Mailing Address  
**1101 N MADISON STREET  
 QUINCY FL 32351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**MATTEWS, FRANK  
 HOPPING GREEN SAMS & SMITH  
 123 CALHOUN STREET  
 TALLAHASSEE FL 32301**

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 **RMC**  
 NAME **MCDANIEL, JIM** ☒ Delete  
 STREET ADDRESS **59 SARASOTA CENTER BLVD**  
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **same**  
 NAME **Jon Koepke** ☒ Change ☐ Addition  
 STREET ADDRESS **same**  
 CITY-ST-ZIP **same**

TITLE **D**  
 NAME **SLOANE, GRAEME** ☒ Delete  
 STREET ADDRESS **1223 WARNER ROAD**  
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043-4623**

TITLE **same**  
 NAME **Jim Scott** ☒ Change ☐ Addition  
 STREET ADDRESS **same**  
 CITY-ST-ZIP **same**

TITLE **D**  
 NAME **BATTS, MIKE** ☐ Delete  
 STREET ADDRESS **2916 E PARK AVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **D**  
 NAME **NICHOLS, PATRICIA** ☐ Delete  
 STREET ADDRESS **PO BOX753**  
 CITY-ST-ZIP **STARKE FL 32091**

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

TITLE **D**  
 NAME **CUMIO, MIKE** ☐ Delete  
 STREET ADDRESS **1101 N MADISON STREET**  
 CITY-ST-ZIP **QUINCY FL 32351**

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

TITLE **D**  
 NAME **HARRIS, C T JR** ☐ Delete  
 STREET ADDRESS **9411 DEEPSTEP ROAD**  
 CITY-ST-ZIP **SANDERSVILLE GA 31082**

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 life empowered.

SIGNATURE: **Michael J. Batts**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/02**

Date

**850/878-3331**

Daytime Phone #

CR2E037 (9/01)