

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006689

1. Entity Name

FLORIDA REPUBLICAN ASSEMBLY, INC.

Principal Place of Business

2605 E. ATLANTIC BLVD., #205
POMPANO BEACH FL 33062

Mailing Address

7164 ST. ANDREWS RD.
LAKE WORTH FL 33467-1313

2. Principal Place of Business

7164 St. Andrews Road
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Worth, FL.

City & State

Lake Worth, FL.

Zip

Country

Zip

Country

33467-1313

Palm Beach

4. FEI Number

65-0917650

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUSCO, BARBARA
7164 ST. ANDREWS RD.
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME SUSCO, BARBARA
STREET ADDRESS 7164 ST. ANDREWS RD.
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D ☐ Delete
NAME CWYNAR, ANN
STREET ADDRESS 2701 S.W. 8TH ST.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE D ☐ Delete
NAME FLOERING, DAVID
STREET ADDRESS 7586 OVERLOOK DR.
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90100 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)