2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90121 030 ****61.25

DOCUMENT # 732741

1. Entity Name

SUMTER COUNTY DEVELOPMENT COUNCIL, INC.

Principal Place of Business	Mailing Address
107 BUSHNELL PLAZA SUITE 100 BUSHNELL FL 33513	107 BUSHNELL PLAZA SUITE 100 BUSHNELL FL 33513-6101

DO NOT WRITE IN THIS SPACE

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 59-2870873 ☐ 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
Steve Smith, CED/EDE/CMC 107 Bushnell Plaza, Suite 100 Bushnell, FL 33513	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 Steve Smith 5-1-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCORMIC, DANIEL C PO BOX 100 WILDWOOD FL 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHAFER, CAROLYN 1525 INDUSTRIAL DR WILDWOOD FL 34785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ogilvie, Alex 406 S. Main Street Wildwood, FL 34785	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROWN, KEN PO BOX 1209 INVERNESS FL 34451	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Rogers, Dennis 837 S. Main Street Wildwood, FL 34785	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIERSON, TIM P. O. BOX 1687 BUSHNELL FL 33513	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Duncan, Jim P.O. Box 301 Sumterville, FL 33585	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HATCHER, JACK SR 8632 CR 221 WILDWOOD FL 34785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Burnette, Jane 115 N. Florida Street Bushnell, FL 33513	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COUILLARD, DIANA 609 OLD WIRE ROAD WILDWOOD FL 34785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED 5-1-00 352/793-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #