

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0078232

03-20-2002 90031 012 ****61.25

DOCUMENT # 732741

1. Entity Name

SUMTER COUNTY DEVELOPMENT COUNCIL, INC.

Principal Place of Business

Mailing Address

**225 S 301
 SUMTERVILLE FL 33585**

**P.O. BOX 70
 SUMTERVILLE FL 33585**

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

**LEE, DIANE
 225 S US 301
 P.O. BOX 70
 SUMTERVILLE FL 33585**

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

Diana W. Lee

3-4-02

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
**PB Past Pres,
 OGILVIE, ALEX
 406 S MAIN ST
 WILDWOOD FL 34785** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Pres.
 Jon Simpson
 4306 E. CR 462
 Wildwood, FL 34785** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPD
 DUNCAN, JAMES
 P.O. BOX 301
 SUMTERVILLE FL 33585** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 BURNETTE, JANE
 115 N FLORIDA STREET
 BUSHNELL FL 33513** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 ROGERS, DENNIS
 837 S MAINS T
 WILDWOOD FL 34785** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 KAY MCCOY
 107 Bushnell Plaza
 Bushnell, FL 33515** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MCCORMIC, DAN
 PO BOX 1000
 WILDWOOD FL 34785** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ 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

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:

Jon Simpson

2/25/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)