

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90301 011 \*\*\*\*61.25

**DOCUMENT # 744469**

1. Entity Name

**FLORIDA SOCIETY OF ENROLLED AGENTS, INC.**

Principal Place of Business

Mailing Address

1525 TRIANGLE DR  
MOUNT DORA FL 32757  
US

1525 TRIANGLE DR  
MOUNT DORA FL 32757  
US

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

**59-1853783**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SORENSEN, KATHERINE L**  
**1525 TRIANGLE DR**  
**MOUNT DORA FL 32757**

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 **TD** ☒ Delete  
NAME **MARTIN, FRANCES**  
STREET ADDRESS **2910 BLANDING BLVD #A**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **TD** ☐ Change ☐ Addition  
NAME **LYNN A. Schmidt**  
STREET ADDRESS **110 B West Polk St.**  
CITY-ST-ZIP **Auburndale, FL 33823**

TITLE **PED** ☒ Delete  
NAME **PAYNE, WILLIAM D**  
STREET ADDRESS **6900 NW 78TH COURT**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PED** ☐ Change ☐ Addition  
NAME **Eduardo Leiseca**  
STREET ADDRESS **9655 So. Dixie Hwy, Ste. 113**  
CITY-ST-ZIP **Miami, FL 33156**

TITLE **PD** ☒ Delete  
NAME **ROBERTS, PAMALA**  
STREET ADDRESS **3212 SOUTH GATE CIRCLE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **PD** ☐ Change ☐ Addition  
NAME **RICHARD CROUSE**  
STREET ADDRESS **978 Douglas Ave., #102**  
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE **VPD** ☒ Delete  
NAME **JOYCE, JERRY**  
STREET ADDRESS **204 N. MCDILL AVE**  
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **Dale Stone**  
STREET ADDRESS **13048 - 41 Lane, No**  
CITY-ST-ZIP **Royal Palm Bch, FL 33411-8405**

TITLE **D** ☒ Delete  
NAME **GATES, JEAN H**  
STREET ADDRESS **170 SKIFF PT. B1**  
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **D** ☐ Change ☐ Addition  
NAME **Jerry Joyce**  
STREET ADDRESS **204 N. Macdill Ave.**  
CITY-ST-ZIP **Tampa, FL 33609**

TITLE **SD** ☒ Delete  
NAME **SCHOTT, FRANCIS**  
STREET ADDRESS **3545 HEATHER LANE**  
CITY-ST-ZIP **MICCO FL 32976**

TITLE **SD** ☐ Change ☐ Addition  
NAME **George Hodges**  
STREET ADDRESS **585 So. C. Rd 427, #121**  
CITY-ST-ZIP **Longwood, FL 32750-5462**

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 #

CR2E037 (9/01)