

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90162 014 ****70.00

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1. Corporation Name

SEMINOLE SCHOOL BOARD LEASING CORP.

Principal Place of Business
**400 E LAKE MARY BOULEVARD
SANFORD FL 32773
US**

Mailing Address
**400 EAST LAKE MARY BOULEVARD
SANFORD FL 32773
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
02/25/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3228993

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAGERTY, PAUL J
400 EAST LAKE MARY BOULEVARD
SANFORD FL 32773**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **KUHN, BARBARA DR**
STREET ADDRESS **183 PAUL MCCLURE CT.**
CITY-ST-ZIP **CASSELBERRY FL 32707**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **BAUER, DIANE**
1.3 STREET ADDRESS **423 EAGLE CIRCLE**
1.4 CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE **D** ☐ DELETE
NAME **ROBINSON, SANDY**
STREET ADDRESS **P.O. BOX 950138 N/A**
CITY-ST-ZIP **LAKE MARY FL 32795**

2.1 TITLE **VC/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MORRIS, JEANNE**
STREET ADDRESS **1921 WINGFIELD DR.**
CITY-ST-ZIP **LONGWOOD FL 32779**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FURLONG, LARRY**
STREET ADDRESS **2320 WORTHINGTON ROAD**
CITY-ST-ZIP **MAITLAND FL 32751-3654**

4.1 TITLE **C/D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GOFF, ROBERT**
STREET ADDRESS **413 PRAIRIE LAKE DRIVE**
CITY-ST-ZIP **FERN PARK FL 32730-2323**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **457 DOGWOOD COURT**
5.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Furlong

Date

Daytime Phone #

0014851

CR2E037 (11/98)