

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90599 022 ****61.25

DOCUMENT # N95000002565

1. Entity Name

THE FLORIDA CFA LEGISLATIVE COMMITTEE, INC

Principal Place of Business

Mailing Address

130 N NOVA RD #135
 ORMOND BEACH, FL 32174

SAME

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

65-0584898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

TAMI SCOTT

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

25 AUTUMNWOOD TRAIL

City

ORMOND BEACH

FL

Zip Code

32174

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

TAMI SCOTT, TREASURER

2/2/01

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 CPD ☐ Delete
 NAME HAWK, PATRICIA
 STREET ADDRESS 320 E BEECHFORD AVE
 CITY-ST-ZIP DELAND, FL 32724

TITLE TD ☐ Change ☒ Addition
 NAME TAMI SCOTT
 STREET ADDRESS 25 AUTUMNWOOD TR
 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE SD ☐ Delete
 NAME HEROLD, SUZANNE
 STREET ADDRESS 515 N RIVER OAKS DR
 CITY-ST-ZIP INDIANAPOLIS, FL

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

TITLE D ☐ Delete
 NAME RICHARD C BILELLO
 STREET ADDRESS 390 SE 6 THIR
 CITY-ST-ZIP POMPANO BEACH, FL 33060-8040

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

TITLE TD ☒ Delete
 NAME PENNY COPEZ
 STREET ADDRESS 1204 NW SRAUCLE RIDGE DR
 CITY-ST-ZIP STUART, FL 34994-9518

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

TAMI SCOTT

2/2/01

9046711581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)