

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702898

1. Entity Name

FLORIDA LEAGUE OF CITIES, INCORPORATED

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90011 021 ****61.25

Principal Place of Business

Mailing Address

301 S. BRONOUGH STREET
P.O. BOX 1757
TALLAHASSEE FL 32302-1757

301 S. BRONOUGH STREET
P.O. BOX 1757
TALLAHASSEE FL 32302-1757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6001124

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SITTIG, MICHAEL
301 S. BRONOUGH ST.
TALLAHASSEE FL 32301

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 **P** ☐ Delete
NAME **RIGSBY, HON. DAVID**
STREET ADDRESS **120 S. FLORIDA AVE**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **Past President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SCHULTZ, HON. L**
STREET ADDRESS **1820 LAUREL OAK DRIVE, SOUTH**
CITY-ST-ZIP **ROCKLEDGE FL**

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

TITLE **D** ☐ Delete
NAME **NAUGLE, HON J**
STREET ADDRESS **100 N. ANDREWS AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **V** ☐ Delete
NAME **SATCHEL, HON. FRANK R JR.**
STREET ADDRESS **806 SE 3RD ST**
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FERRERI, HON S**
STREET ADDRESS **5985 10TH AVE. NORTH**
CITY-ST-ZIP **GREEN ACRES FL**

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

TITLE **V** ☐ Delete
NAME **MADDOX, HON. SCOTT**
STREET ADDRESS **300 S ADAMS ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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:

Scott Maddox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Maddox

1/24/00

850-891-2000

Date

Daytime Phone #

CR2E037 (9/99)