

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90007 046 ****61.25

DOCUMENT # 702898

1. Entity Name
FLORIDA LEAGUE OF CITIES, INCORPORATED

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	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6001124		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PP	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIGSBY, HON. DAVID		NAME	Scott Black	
STREET ADDRESS	120 S. FLORIDA AVE		STREET ADDRESS	14022 5th Street, Suite B	
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP	Dade City, FL 33525-4303	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, HON. L		NAME		
STREET ADDRESS	1820 LAUREL OAK DRIVE, SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUGLE, HON J		NAME		
STREET ADDRESS	100 N. ANDREWS AVE.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SATCHEL, HON. FRANK R JR.		NAME	Carmela Starace	
STREET ADDRESS	806 SE 3RD ST		STREET ADDRESS	1050 Royal Palm Beach Blvd.	
CITY-ST-ZIP	MULBERRY FL 33860		CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRERI, HON S		NAME		
STREET ADDRESS	5985 10TH AVE. NORTH		STREET ADDRESS		
CITY-ST-ZIP	GREEN ACRES FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOX, HON. SCOTT		NAME		
STREET ADDRESS	300 S ADAMS ST		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		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)(l), 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** **4/23/02** **(850) 891-2000**

CR2E037 (9/01)