

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90225 031 \*\*\*\*61.25

**DOCUMENT # 715331**

1. Entity Name

**THE FLORIDA ASSOCIATION OF DISTRICT SCHOOL SUPER  
INTENDENTS, INC.**



Principal Place of Business

**208 S MONROE ST  
TALLAHASSEE FL 32301  
US**

Mailing Address

**P.O. BOX 1108  
TALLAHASSEE FL 32302-1108  
US**

2. Principal Place of Business

3. Mailing Address

**208 S Monroe St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tallahassee FL**

4. FEI Number **23-7017835**

Applied For

Not Applicable

Zip

Country

**32301**

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WEIGHTMAN, THOMAS E  
208 S MONROE ST  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **David Moscic, CEO**

Street Address (P.O. Box Number is Not Acceptable)  
**208 S Monroe St**

**Tallahassee**

City

**FL**

Zip Code

**32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **David Moscic, CEO**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **HARVARD, WYMAN**  
STREET ADDRESS **702 2ND STREET NW**  
CITY-ST-ZIP **LIVE OAK FL 32064**

TITLE **ED** ☒ Delete  
NAME **WEIGHTMAN, THOMAS E.**  
STREET ADDRESS **208 S MONROE ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **VP** ☒ Delete  
NAME **MONTFORD, WILLIAM**  
STREET ADDRESS **2757 W PENSACOLA ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **PE** ☐ Delete  
NAME **MILLER, DAVID**  
STREET ADDRESS **126 HIGH DRIVE**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **ST** ☐ Delete  
NAME **WILCOX, SARA**  
STREET ADDRESS **500 E OCEAN BLVD**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **P** ☐ Delete  
NAME **LEONARD, EARL**  
STREET ADDRESS **PO BOX 3408**  
CITY-ST-ZIP **TAMPA FL 33601-3408**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition  
NAME **Roger Dearing**  
STREET ADDRESS **1990 25th St**  
CITY-ST-ZIP **Vero Beach, FL - 32960**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Thomas Conner**  
STREET ADDRESS **PO Box 1980**  
CITY-ST-ZIP **La Belle, FL 33475**

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

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

TITLE **Vice President** ☒ 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: **David Moscic, CEO**

**5-14-3**

**850-222-2280**

CR2E037 (10/02)