

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90327 028 ****61.25

C0049773

DO NOT WRITE IN THIS SPACE

DOCUMENT # 730242 ✓
 1. Entity Name
THE FEDERAL CONSUMER ASSOCIATION OF LEON COUNTY, INC.

Principal Place of Business Mailing Address
1006 BUENA VISTA DRIVE
TALLAHASSEE, FLORIDA 32304-1810

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 **59-235500Z** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CHARLES W. SWAIN
1006 BUENA VISTA DRIVE
TALLAHASSEE FL 32304-1810

7. Name and Address of New Registered Agent
 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		
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUEBKEMANN HEINZ	
STREET ADDRESS	3004 BROOKMONT DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MURPHY JOHN I.S.	
STREET ADDRESS	410 VICTORY GARDEN DR 127	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWAIN CHARLES W.	
STREET ADDRESS	1006 BUENA VISTA DR	
CITY-ST-ZIP	TALLAHASSEE FL 32304-1810	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUTCHINSON LADONNA	
STREET ADDRESS	1902 ROSEDALE DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHIFER GREGG	
STREET ADDRESS	1584 MARION AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	OAKSFORD EDWARD T	
STREET ADDRESS	2520 HARRIMAN CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles W. Swain [Charles W. Swain] April 11, 2001 (850) 224-2082
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/00)