2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90076 049 ****61.25

DOCUMENT # 744396

1. Entity Name

FLORIDA LOCAL GOVERNMENT INFORMATION SYSTEMS ASS

Principal Place of Business	Mailing Address
301 S. BRONOUGH STREET STE 300 TALLAHASSEE FL 32301 US	P.O. BOX 1757 TALLAHASSEE FL 32302-1757

950752

DO NOT WRITE IN THIS SPACE

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 59-1894353 ☐ Applied For ☐ Not Applicable

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
~~HAGY, FRANKLIN R~~ PETE SCHOELZEL FLORIDA LEAGUE OF CITIES, INC. 135 E. COLONIAL DRIVE ORLANDO FL 32853	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAGY, FRANKLIN R 400 S. ORANGE AVE. ORLANDO FL 32801	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Don DeLoach 300 S Adams Street Tallahassee FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GADIWALLA, MUSLIM A ONE 4TH ST N. ST. PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCOTT, MARY P.O BOX 1058 N/A SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KENDROE, VIVIENNE B 3650 NE 12TH AVE. OAKLAND PARK FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHOELZEL, PETE 2511 S.E. 3RD ST OCALA FL 34471-9101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOLLINGWORTH, JOHN P.O. BOX 1760 LABELLE FL 33975-1760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Pete Schoelzel REQUIRED 1-18-01 727 893-7909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #