## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 14, 2002 8:00 am DOCUMENT # **744396 Secretary of State** 1. Entity Name FLORIDA LOCAL GOVERNMENT INFORMATION SYSTEMS ASS 03-14-2002 90007 045 \*\*\*\*61 25 OCIATION, INC. Principal Place of Business Mailing Address 301 S. BRONOUGH STREET P.O. BOX 1757 **STE 300** TALLAHASSEE FL 32302-1757 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1894353 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SCHEOLZEL, PETE FLORIDA LEAGUE OF CITIES, INC. 135 E. COLONIAL DRIVE Zip Code 3 280 ORLANDO FL 32853 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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Ô. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VPD TITLE (9/01)☐ Delete TITLE ☐ Change ☐ Addition NAME DELOACH, DON NAME STREET ADDRESS 300 S ADAMS STREET STREET ADDRESS **CR2E037** CITY-ST-7IP TALLAHASSEE FL 32301 CITY-ST-ZIP TITLE TD Delete TITLE ☐ Change Les Averbach GADIWALLA, MUSLIM A NAME NAME ZZZ E University Ave STREET ADDRESS ONE 4TH ST N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 Gainesville 32601 VPD TITLE Delete TITLE ☐ Change **Addition** amdy Meeks In NAME SCOTT, MARY NAME STREET ADDRESS 301 5 Ridgewood Ave P.O BOX 1058 N/A STREET ADDRESS CITY-ST-ZIP Daytone Beach FL 32115 SARASOTA FL CITY-ST-ZIP TITLE SD ☐ Delete TITLE M Change ☐ Addition vivienne Kedroe NAME KENDROE, VIVIENNE B NAME 3650 NE IZEL AM STREET ADDRESS 3650 NE 12TH AVE. STREET ADDRESS CITY-ST-ZIP Oakland Park FL 33334 CITY-ST-ZIP Oakland Park FL 33334 TITLE PD Delete TITLE Change **X** Addition Nancy Reichardt SCHOELZEL, PETE NAME NAME STREET ADDRESS 2511 S.E. 3RD ST POBOX 1384 STREET ADDRESS CITY-ST-ZIP OCALA FL 34471-9101 CITY-ST-7iP Very Beach FL TITLE ☐ Delete TITLE Change ☐ Addition HOLLINGWORTH, JOHN John Hollingsworth POBox 1760 NAME STREET ADDRESS P.O. BOX 1760 STREET ADDRESS CITY-ST-ZIP LABELLE FL 33975-1760 CITY-ST-ZIP <u>Labelle FL 33975-1760</u> 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.

**FILED** 

2-5-02