

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90058 002 ****61.25

DOCUMENT # 744396

1. Entity Name

FLORIDA LOCAL GOVERNMENT INFORMATION SYSTEMS ASSOCIATION, INC.



Principal Place of Business

**301 S. BRONOUGH STREET
STE 300
TALLAHASSEE FL 32301
US**

Mailing Address

**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

4. FEI Number **59-1894353**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HOLLINGSWORTH, JOHN
125 E COLONIAL DRIVE
ORLANDO FL 32801**

Name

Don DeLoach

Street Address (P.O. Box Number is Not Acceptable)

125 E Colonial Drive

City

Orlando

FL

Zip Code
32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete
NAME **DELOACH, DON**
STREET ADDRESS **300 S ADAMS STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **P** ☒ Change ☐ Addition
NAME **Don DeLoach**
STREET ADDRESS **900 S Adams Street**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **TD** ☐ Delete
NAME **AVERBACH, LES**
STREET ADDRESS **222 E UNIVERSITY AVE**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **VP** ☒ Change ☐ Addition
NAME **Les Averbach**
STREET ADDRESS **222 E University Ave**
CITY-ST-ZIP **Gainesville FL 32601**

TITLE **D** ☐ Delete
NAME **MEEKS JR, GRADY**
STREET ADDRESS **301 S RIDGEWOOD AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32115**

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

TITLE **SD** ☒ Delete
NAME **KEDROE, VIMEBBE**
STREET ADDRESS **3650 NE 12TH AVE.**
CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE **S** ☐ Change ☒ Addition
NAME **HAROLD SCHOMAKER**
STREET ADDRESS **201 Highland Ave 33770**
CITY-ST-ZIP **Largo FL**

TITLE **D** ☐ Delete
NAME **REIOHARDT, NANCY**
STREET ADDRESS **PO BOX 1389**
CITY-ST-ZIP **VERO BEACH FL 32961**

TITLE **T** ☒ Change ☐ Addition
NAME **Nancy Reichardt**
STREET ADDRESS **PO Box 1389**
CITY-ST-ZIP **Verd Beach, FL 32961**

TITLE **VPD** ☒ Delete
NAME **HOLLINGSWORTH, JOHN**
STREET ADDRESS **P.O. BOX 1760**
CITY-ST-ZIP **LABELLE FL 33975-1760**

TITLE **D** ☐ Change ☒ Addition
NAME **Daniels Mayers**
STREET ADDRESS **100 S Myrtle Ave**
CITY-ST-ZIP **Clearwater, FL 33756**

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:

DON DELOACH

2-17-03

850-891-8402

CR2E037 (10/02)