

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90010 020 ****61.25

DOCUMENT # 755901

1. Entity Name

SOUTHEASTERN CONFERENCE ASSOCIATION OF SEVENTH-D

Principal Place of Business

Mailing Address

180 WESTMONTE DR. (32714)
 P.O. BOX 160067
 ALTAMONTE SPRINGS FL 32716-7067

180 WESTMONTE DR. (32714)
 P.O. BOX 160067
 ALTAMONTE SPRINGS FL 32716-0067



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

TAYLOR, W L
180 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714

Name

W.L. Taylor, President

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

180 N. Westmonte Drive

Altamonte Springs, FL 32714

City

Altamonte Springs

FL

Zip Code

32714

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.

W.L. Taylor

(NOTE: Registered Agent signature required when reinstating)

1/28/2000

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 **S** Delete
 NAME **HOLNESS, CLEVELAND A**
 STREET ADDRESS **180 N. WESTMONTE DRIVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **Treasurer** Change Addition
 NAME **Stanton G. Reed**
 STREET ADDRESS **180 N. Westmonte Drive**
 CITY-ST-ZIP **Altamonte Springs, FL 32714** Change Addition

TITLE **D** Delete
 NAME **PAUL, O.H.**
 STREET ADDRESS **180 WESTMONTE DRIVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** Delete
 NAME **HARRELL, I.L.**
 STREET ADDRESS **180 WESTMONTE DRIVE**
 CITY-ST-ZIP **ALTAMONTE SPGS FL**

TITLE **D** Delete
 NAME **HARRELL, I.L.**
 STREET ADDRESS **180 WESTMONTE DRIVE**
 CITY-ST-ZIP **ALTAMONTE SPGS FL**

TITLE **SC** Delete
 NAME **TAYLOR, W.L.**
 STREET ADDRESS **180 WESTMONTE DRIVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **SC** Delete
 NAME **TAYLOR, W.L.**
 STREET ADDRESS **180 WESTMONTE DRIVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **TC** Delete
 NAME **JOHNSON, LARRY E**
 STREET ADDRESS **180 WESTMONTE DR. N.**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32716-7067**

TITLE **TC** Delete
 NAME **JOHNSON, LARRY E**
 STREET ADDRESS **180 WESTMONTE DR. N.**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32716-7067**

TITLE **D** Delete
 NAME **BYRD, W.C.**
 STREET ADDRESS **180 WESTMONTE DR. N.**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32716-7067**

TITLE **D** Delete
 NAME **BYRD, W.C.**
 STREET ADDRESS **180 WESTMONTE DR. N.**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32716-7067**

TITLE **D** Delete
 NAME **BYRD, W.C.**
 STREET ADDRESS **180 WESTMONTE DR. N.**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32716-7067**

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 lists empowered.

SIGNATURE:

SIGNATURE

W.L. Taylor, President

1/28/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #