

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90081 030 ****75.00

DOCUMENT # 769157

1. Entity Name

THE FLORIDA SILVER-HAIRED LEGISLATURE, INCORPORATED



Principal Place of Business

1149 LAKE DRIVE
101-A
COCOA FL 32922
US

Mailing Address

1149 LAKE DRIVE
101-A
COCOA FL 32922
US

2. Principal Place of Business

5425 S. TROPICAL TRAIL

3. Mailing Address

5425 S. TROPICAL TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

4. FEI Number 59-2317512

Applied For
Not Applicable

Zip

32952

Country

BREVARD

Zip

32952

Country

BREVARD

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

KANE, DOLORES

5424 S TROPICAL TRAIL

MERRITT ISLAND FL 32952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dolores E. Kane

Dolores E. Kane

3-15-03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	M	<input type="checkbox"/> Delete
NAME	KANE, DOLORES	
STREET ADDRESS	5425 S TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STOFFEL, JACK B	
STREET ADDRESS	1274 BONAVENTURE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	OLIVE, OSCAR	
STREET ADDRESS	4862 DOGWOOD DRIVE	
CITY-ST-ZIP	MARIANNA FL 32405	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUNGARD, NORMAN	
STREET ADDRESS	5400 PARK STREET NORTH, P#7	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINCHESTER, ROBERT D	
STREET ADDRESS	11200 WALSINGHAM ROAD 67 A	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SICKLES, VERA	
STREET ADDRESS	534 S DOMINO DRIVE	
CITY-ST-ZIP	RUSKIN FL 33570	

TITLE	M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, DOLORES E	
STREET ADDRESS	5425 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOFFEL, JACK B.	
STREET ADDRESS	1274 BONAVENTURE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GURRY, AUSTIN	
STREET ADDRESS	1809 FRENCH CREEK RD, Unit 11	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNGARD, NORMAN	
STREET ADDRESS	5400 PARK STREET NORTH P#7	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, JANICE	
STREET ADDRESS	4302 MARTINIQUE CIRCLE #4A	
CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICKLES, YERA	
STREET ADDRESS	534 S. DOMINO DRIVE	
CITY-ST-ZIP	RUSKIN, FL 33570	

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: Dolores E. Kane REQUIRE Dolores E. Kane, 3-15-03 321/453.6154

CR2E037 (10/02)