

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000004608

1. Entity Name

THE LEAGUE OF CONSERVATION VOTERS EDUCATION FUND  
, INC.

Principal Place of Business

1920 L STREET N.W., SUITE 8000  
WASHINGTON DC 20036

Mailing Address

1962 VINELAND DR.  
TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2507 Callaway Rd

Suite 105

Tallahassee FL

32303

FILED  
Sep 08, 2002 8:00 am  
Secretary of State

09-08-2002 90130 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1379661

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

ANDREW JAY LILES  
1962 VINELAND DR.  
TALLAHASSEE FL 32311

Name

ANDREW JAY LILES

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

2507 CALLAWAY ROAD

SUITE 105

City

TALLAHASSEE

FL

Zip Code

32303

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

After September 13, 2002,  
min. will be \$236.25.

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 C  
NAME TUCK, DEBORAH ☒ Delete  
STREET ADDRESS 1920 L STREET N.W., SUITE 8000  
CITY-ST-ZIP WASHINGTON DC 20036

TITLE C  
NAME WILLIAM ROBERTS ☒ Change ☐ Addition  
STREET ADDRESS 1920 L Street, N.W. Suite 800  
CITY-ST-ZIP WASHINGTON, DC. 20036

TITLE T  
NAME MCINTOSH, WINSOME ☒ Delete  
STREET ADDRESS 1920 L STREET N.W., SUITE 8000  
CITY-ST-ZIP WASHINGTON DC 20036

TITLE T  
NAME DENIS HAYES ☒ Change ☐ Addition  
STREET ADDRESS 1920 L STREET, N.W. SUITE 800  
CITY-ST-ZIP WASHINGTON, DC 20036

TITLE S  
NAME DEARDOURFF, JOHN ☐ Delete  
STREET ADDRESS 1920 L STREET N.W., SUITE 8000  
CITY-ST-ZIP WASHINGTON DC 20036

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

TITLE P  
NAME CALLAHAN, DEB ☐ Delete  
STREET ADDRESS 1920 L STREET N.W., SUITE 8000  
CITY-ST-ZIP WASHINGTON DC 20036

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

TITLE ED  
NAME SULLIVAN, ELIZABETH ☐ Delete  
STREET ADDRESS 1920 L STREET N.W., SUITE 8000  
CITY-ST-ZIP WASHINGTON DC 20036

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 any address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/02 202-785-8683

CR2E037 (4/02)