

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90248 001 ***272.50

DOCUMENT # N00000004614

1. Entity Name
WILLIAMS POLITICAL PAC, INC.

Principal Place of Business Mailing Address
2900 W 1ST ST. **2900 W 1ST ST.**
SANFORD FL 32771 **SANFORD FL 32771**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3664849 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALLEN, THOMAS R
14 E WASHINGTON ST, STE 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, LEONARD E
STREET ADDRESS	2518 NORFOLK RD
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, LEONARD E JR
STREET ADDRESS	2900 W 1ST ST
CITY-ST-ZIP	SANFORD FL 32771
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN A
STREET ADDRESS	2900 W 1ST ST
CITY-ST-ZIP	SANFORD FL 32771
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, MICHAEL J
STREET ADDRESS	2900 W 1ST ST
CITY-ST-ZIP	SANFORD FL 32771
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES DOUGLAS
STREET ADDRESS	2900 W 1ST ST
CITY-ST-ZIP	SANFORD FL 32771
TITLE	D <input type="checkbox"/> Delete
NAME	ALLEN, THOMAS R
STREET ADDRESS	14 E WASHINGTON ST, STE 600
CITY-ST-ZIP	ORLANDO FL 32801

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Leonard E. Williams Jr* **RECEIVED** *Leonard E. Williams Jr* **1-14-02** **407-323-5600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE