

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004328

FILED
Sep 05, 2003
Secretary of State

Entity Name: FLORIDA LOCAL GOVERNMENT INTERNET CONSORTIUM, INC.

Current Principal Place of Business:

3544 MACLAY BLVD.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

3544 MACLAY BLVD.
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 01-0674739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, ROBERT R
101 E. COLLEGE AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUMMERFORD, W. DALE
Address: PO BOX 817
City-St-Zip: QUINCY, FL 323530817

Title: D () Delete
Name: HUGHES, CHRIS
Address: 151-C NORTH EGLIN PKWY.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: TEDDER, JOE G
Address: PO BOX 1189
City-St-Zip: BARTOW, FL 33831

Title: D () Delete
Name: CASON, P. DEWITT
Address: PO DRAWER 2069
City-St-Zip: LAKE CITY, FL 320562069

Title: D () Delete
Name: NORMAN, RAY
Address: 945 N. TEMPLE AVE.
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: SHORE, R.B.
Address: PO BOX 25400
City-St-Zip: BRADENTON, FL 34206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHIPS SHORE

D

09/05/2003

Electronic Signature of Signing Officer or Director

Date