

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

FILED

03 JAN 24 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N02000005514

1. Entity Name

FLORIDA SMALL LEG POLITICAL ACTION COMMITTEE, INC.



Principal Place of Business

215 SOUTH MONROE  
SUITE 804  
TALLAHASSEE FL 32301

Mailing Address

215 SOUTH MONROE  
SUITE 804  
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

01-0740389

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ADAMS, L. CARL  
215 SOUTH MONROE  
SUITE 804  
TALLAHASSEE FL 32301

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WAHLEN, J. JEFFREY	
STREET ADDRESS	227 SOUTH CALHOUN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, L. CARL	
STREET ADDRESS	215 SOUTH MONROE ST. SUITE 804	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	D	<input type="checkbox"/> Delete
NAME	CONNER, LEON	
STREET ADDRESS	130 NORTH 4TH STREET	
CITY-ST-ZIP	MACCLENNY FL 32063	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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:

SIGNATURE REQUIRED

1-7-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. Jeffery Wahlen, Director

CR2E037 (10/02)