

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06904

1. Entity Name

FLORIDA LEADERSHIP CONFERENCE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90165 041 ****61.25

Principal Place of Business

Mailing Address

% ROBERT W. HARPER
229 CHERRYWOOD DR
MAITLAND FL 32751

% ROBERT W. HARPER
229 CHERRYWOOD DR
MAITLAND FL 32751-3410

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

59-2502000

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

HARPER, ROBERT W.
229 CHERRYWOOD DR.
MAITLAND FL 32751

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPT	<input type="checkbox"/> Delete
NAME	HARPER, ROBERT W.	
STREET ADDRESS	229 CHERRYWOOD DR.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DA	<input type="checkbox"/> Delete
NAME	HARPER, STEPHEN E.	
STREET ADDRESS	508 CENTRAL AVENUE	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, KENNETH	
STREET ADDRESS	5888 SADLER RD.	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DIPPY, THEODORE MD	
STREET ADDRESS	22904 COUNTY ROAD 561	
CITY-ST-ZIP	ASTATULA FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Robert W. Harper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

407-831-6110

Daytime Phone #

CR2E037 (9/99)