

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90122 046 ****61.25

DOCUMENT # N06904

1. Entity Name

FLORIDA LEADERSHIP CONFERENCE, INC.



Principal Place of Business

**% ROBERT W. HARPER
229 CHERRYWOOD DR
MAITLAND FL 32751**

Mailing Address

**% ROBERT W. HARPER
229 CHERRYWOOD DR
MAITLAND FL 32751**

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

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

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 Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E037 (10/02)

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

1-7-03

407-831-6110