

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09538

1. Entity Name

COMMITTEE ON LIMITING TERMS LOBBY, INC.

Principal Place of Business

Mailing Address

600 THISTLEWOOD COURT
LONGWOOD FL 32779

600 THISTLEWOOD COURT
LONGWOOD FL 32779-3379

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2556491

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEWOLF, THOMAS B
111 N ORANGE AVE
STE 2000
ORLANDO FL 32801

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 PD
NAME MCCOLLUM, BILL
STREET ADDRESS 600 THISTLEWOOD CT
CITY-ST-ZIP LONGWOOD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GILLMORE, PAUL
STREET ADDRESS 1203 CHOB
CITY-ST-ZIP WASHINGTON DC 20515

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME HANSEN, JAMES V
STREET ADDRESS 2466 RAYBURN HOUSE OFFICE BLDG.
CITY-ST-ZIP WASHINGTON DC

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

242 Canon House Office Bldg.

TITLE D
NAME KEENE, DAVID
STREET ADDRESS 919 PRINCE ST
CITY-ST-ZIP ALEXANDRIA VA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CAMPAIGNE, JAMESON
STREET ADDRESS 722 COLUMBUS ST
CITY-ST-ZIP OTTAWA IL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME FOWER, TILLIE
STREET ADDRESS 109 CHOB
CITY-ST-ZIP WASHINGTON DC 20515

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90077 036 ****61.25

15043765



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)