

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90168 043 \*\*\*\*\*61.25

**DOCUMENT # N09538**

1. Entity Name

**COMMITTEE ON LIMITING TERMS LOBBY, INC.**



Principal Place of Business

**600 THISTLEWOOD COURT  
LONGWOOD FL 32779**

Mailing Address

**600 THISTLEWOOD COURT  
LONGWOOD FL 32779**

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 **59-2556491**

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

**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. 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 **PD** ☐ Delete  
NAME **MCCOLLUM, BILL**  
STREET ADDRESS **600 THISTLEWOOD CT**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **GILLMORE, PAUL**  
STREET ADDRESS **1203 LHOB**  
CITY-ST-ZIP **WASHINGTON DC 20515**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HANSEN, JAMES V**  
STREET ADDRESS **242 CANON HOUSE OFFICE BLDG**  
CITY-ST-ZIP **WASHINGTON DC 20515**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KEENE, DAVID**  
STREET ADDRESS **919 PRINCE ST**  
CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KELLER, RIC**  
STREET ADDRESS **419 CHOB**  
CITY-ST-ZIP **WASHINGTON DC 20515**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **POWER, TILLIE**  
STREET ADDRESS **2099 PENNSYLVANIA AVENUE N W SUITE 100**  
CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE ☐ Change ☐ 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]*

4/25/03

407 649-4050

CR2E037 (10/02)