

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09539

1. Entity Name

COMMITTEE ON LIMITING TERMS, INC.

Principal Place of Business

600 THISTLEWOOD COURT
LONGWOOD FL 32779

Mailing Address

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEWOLF, THOMAS B
111 NORTH ORANGE AVE., SUITE 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 COURT
CITY-ST-ZIP LONGWOOD FL ☐ Delete

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

TITLE D
NAME GILLMORE, PAUL
STREET ADDRESS 1203 C HOB
CITY-ST-ZIP WASHINGTON DC 20515 ☐ Delete

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

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 242 Canon House Office Bldg.
CITY-ST-ZIP

TITLE D
NAME LIGHTFOOT, JAMES
STREET ADDRESS RURAL ROUTE 2, BOX 225 B
CITY-ST-ZIP SHENENDOAH IO ☐ Delete

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

TITLE D
NAME DEVINE, DONALD
STREET ADDRESS 1301 CONNECTICUT AVE. N.W., #400
CITY-ST-ZIP WASHINGTON DC ☐ Delete

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

TITLE SD
NAME FOWLER, TILLIE
STREET ADDRESS 109 C HOB
CITY-ST-ZIP WASHINGTON DC 20515 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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 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 035 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2569410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)