

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16123

1. Entity Name

SOUTHEAST SEMINOLE COUNTY VOTERS' ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

PO BOX 660065
OVIEDO FL 32766

PO BOX 660065
OVIEDO FL 32766

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

59-2724717

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

RAYMOND, COURECH G
237 OVERLOOK DRIVE
OVIEDO FL 32766

Name

WALTER H. CUTLER

Street Address (P.O. Box Number is Not Acceptable)

1810 So. County Rd. 419

City

CHULUOTA

FL

Zip Code

32766

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.

Director
SIGNATURE *WALTER H. CUTLER* *Walter H. Cutler* 3/21/02
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	DS	<input type="checkbox"/> Delete
NAME	FUSTON, RITA	
STREET ADDRESS	400 E. FOURTH STREET	
CITY-ST-ZIP	CHULOTA FL 32766	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHAFER, DEBORAH	
STREET ADDRESS	1740 BRUMLEY ROAD	
CITY-ST-ZIP	CHULOTA FL 32766	
TITLE	DRS	<input type="checkbox"/> Delete
NAME	DIAB, DARLA	
STREET ADDRESS	1623 WARNER DRIVE	
CITY-ST-ZIP	OVIEDO FL 32766	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	RAYMOND, COURECH G	
STREET ADDRESS	237 OVERLOOK DRIVE	
CITY-ST-ZIP	OVIEDO FL 32766	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STEVENS, STANLEY	
STREET ADDRESS	377 RIVERWOODS TR	
CITY-ST-ZIP	CHULOTA FL 32766	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER H. CUTLER	
STREET ADDRESS	1810 So. County Rd 419	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPSTRAW, RONALD	
STREET ADDRESS	1421 BOB WHITE TRAIL	
CITY-ST-ZIP	CHULUOTA, FL 32766	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORBETT, KATHY	
STREET ADDRESS	118 E. 8th St.	
CITY-ST-ZIP	CHULUOTA, FL 32766	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURWITZ, ESTELLE	
STREET ADDRESS	551 WHITE TRAIL RD	
CITY-ST-ZIP	CHULUOTA, FL 32766	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLSE, SHIRLEY	
STREET ADDRESS	445 LIVE OAK AVE	
CITY-ST-ZIP	CHULUOTA, FL 32766	
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:

WALTER H. CUTLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90048 050 ****70.00



DO NOT WRITE IN THIS SPACE

0087148

CR2E037 (9/01)

3/21/02 (407) 977-9738