

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90496 040 \*\*\*\*61.25

**DOCUMENT # N16123**

1. Entity Name

**SOUTHEAST SEMINOLE COUNTY VOTERS' ASSOCIATION, I  
NC.**



Principal Place of Business

PO BOX 660065  
OVIEDO FL 32766

Mailing Address

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

~~CUTLER, WALTER H  
1810 SO COUNTY RD 419  
OVIEDO FL 32766~~

7. Name and Address of New Registered Agent

Name **Deborah Schafel**  
Street Address (P.O. Box Number is Not Acceptable)

**1740 Brumley Rd  
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. 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

**1-17-03**

**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

TITLE **DS** ☐ Delete  
NAME **FUSTON, RITA**  
STREET ADDRESS **400 E. FOURTH STREET**  
CITY-ST-ZIP **CHULOTA FL 32766**

TITLE **DP** ☐ Delete  
NAME **SCHAFER, DEBORAH**  
STREET ADDRESS **1740 BRUMLEY ROAD**  
CITY-ST-ZIP **CHULOTA FL 32766**

TITLE **DRS** ☐ Delete  
NAME **DIAB, DARLA**  
STREET ADDRESS **1623 WARNER DRIVE**  
CITY-ST-ZIP **OVIEDO FL 32766**

TITLE **DT** ☒ Delete  
NAME **CUTLER, WALTER H**  
STREET ADDRESS **1810 SO COUNTY RD 419**  
CITY-ST-ZIP **OVIEDO FL 32766**

TITLE **DV** ☐ Delete  
NAME **STEVENS, STANLEY**  
STREET ADDRESS **377 RIVERWOODS TR**  
CITY-ST-ZIP **CHULOTA FL 32766**

TITLE **D** ☐ Delete  
NAME **CAPSTRAW, RONALD**  
STREET ADDRESS **1421 BOB WHITE TRAIL**  
CITY-ST-ZIP **CHULUOTA FL 32766**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **Estelle Hurwitch**  
STREET ADDRESS **551 White tail trail**  
CITY-ST-ZIP **Chuluota, FL 32766**

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

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:  **ESTELLE HURWITCH** 2-2503 366-8694 (407)

CR2037 (10/02)