

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N34683**

1. Entity Name

**FLORIDA LEAGUE OF PROFESSIONAL LOBBYIST, INC.**

**FILED**

**00 APR 26 AM 7:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**516 N ADAMS ST.  
TALLAHASSEE FL 32301  
US**

Mailing Address

**PO BOX 784  
TALLAHASSEE FL 32302-0784  
US**

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

**59-2969272**

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

**SHEBEL, JON L.  
516 NORTH ADAMS STREET  
TALLAHASSEE FL 32301**

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 **VD** ☐ Delete  
NAME **TORNILLO, PAT L**  
STREET ADDRESS **118 NORTH MONROE ST**  
CITY-ST-ZIP **TALLAHASSEE FL 00**

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

TITLE **P** ☐ Delete  
NAME **SHEBEL, JON L.**  
STREET ADDRESS **516 NO ADAMS ST**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **VD** ☐ Delete  
NAME **LANDRUM, HARRY G.**  
STREET ADDRESS **1220 E. PARK AVE**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **TRES** ☐ Delete  
NAME **BETANCOURT, KATHLEEN A**  
STREET ADDRESS **4202 EAST FOWLER AVE, ADM280**  
CITY-ST-ZIP **TAMPA FL 89**

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

TITLE **D** ☐ Delete  
NAME **SPEARMAN, GUY N III**  
STREET ADDRESS **402 HIFGPOINT DRIVE STE A**  
CITY-ST-ZIP **COCOA FL 32923-1541**

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

TITLE **D** ☐ Delete  
NAME **HOPPING, WADE L**  
STREET ADDRESS **123 SOUTH CALHOUN STREET**  
CITY-ST-ZIP **TALLAHASSEE FL 32314**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:**

**Jon L. Shebel - President & CEO**  
**SIGNATURE REQUIRED**

**04-25-00**

**(850) 224-7173**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)