

# 2002 UNIFORM BUSINESS REPORT (UBR)

0005463

DOCUMENT # N34683

1. Entity Name

FLORIDA LEAGUE OF PROFESSIONAL LOBBYIST, INC.

Principal Place of Business

Mailing Address

516 N ADAMS ST.  
TALLAHASSEE FL 32301  
US

PO BOX 784  
TALLAHASSEE FL 32302  
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 32301

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

TITLE P ☐ Delete  
NAME SHEBEL, JON L.  
STREET ADDRESS 516 NO ADAMS ST  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE VD ☐ Delete  
NAME LANDRUM, HARRY G.  
STREET ADDRESS 420 E JEFFERSON STREET SUITE 201  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE TRES ☐ Delete  
NAME BETANCOURT, KATHLEEN A  
STREET ADDRESS 4202 EAST FOWLER AVE, ADM280  
CITY-ST-ZIP TAMPA FL 33620-5000

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

TITLE D ☐ Delete  
NAME SPEARMAN, GUY N III  
STREET ADDRESS 516 DELANNOY AVENUE  
CITY-ST-ZIP COCOA FL 32922-7814

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

TITLE D ☐ Delete  
NAME HOPPING, WADE L  
STREET ADDRESS 123 SOUTH CALHOUN STREET  
CITY-ST-ZIP TALLAHASSEE FL 32301

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 file or other like document.

Jon L. Shebel, President & CEO

SIGNATURE:

02-05-02

(850) 224-7173

FILED  
02 FEB 19 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)