

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90124 005 ****61.25

DOCUMENT # N34683

1. Entity Name

FLORIDA LEAGUE OF PROFESSIONAL LOBBYIST, INC.



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	TORNILLO, PAT L	
STREET ADDRESS	118 NORTH MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHEBEL, JON L.	
STREET ADDRESS	516 NO ADAMS ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANDRUM, HARRY G.	
STREET ADDRESS	420 E JEFFERSON STREET SUITE 201	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	BETANCOURT, KATHLEEN A	
STREET ADDRESS	4202 EAST FOWLER AVE, ADM280	
CITY-ST-ZIP	TAMPA FL 33620-5000	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPEARMAN, GUY N III	
STREET ADDRESS	516 DELANNOY AVENUE	
CITY-ST-ZIP	COCOA FL 32922-7814	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPPING, WADE L	
STREET ADDRESS	123 SOUTH CALHOUN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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.

Jon L. Shebel - President & CEO

SIGNATURE:

03/01/03

(850) 224-7173

CR2E037 (10/02)