## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # N38041** Feb 23, 2000 8:00 am **Secretary of State** SUMTER COUNTY SCHOOL BOARD LEASING CORPORATION 02-23-2000 90003 036 \*\*\*\*61.25 Principal Place of Business Mailing Address 2680 WC-476 2680 WC-476 BUSHNELL FL 33513 BUSHNELL FL 33513 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3015146 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHIRLEY, RICHARD A 2680 WC 476 **BUSHNELL FL 33513** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME JONES, KENNETH P STREET ADDRESS STREET ADDRESS 2680 WC 476 CITY-ST-ZIP CITY-ST-ZIP **BUSHNELL FL 33513** ☐ Delete □ Change Addition TITLE TITLE NAME WINCHESTER, LINDA L NAME STREET ADDRESS STREET ADDRESS 2680 WC 476 CITY-ST-ZIP CITY-ST-7IP BUSHNELL FL ☐ Addition TITLE Change TITLE ☐ Delete NAME FOOTE, MICHAEL T NAME STREET ADDRESS STREET ADDRESS 2680 WC 476 CITY-ST-ZIP CITY-ST-ZIP **BUSHNELL FL** ☐ Addition Change TITLE TITLE ☐ Delete NAME NORRIS. CHRISTINE NAME STREET ADDRESS STREET ADDRESS 2680 WC 476 CITY-ST-7IP CITY-ST-ZIP **BUSHNELL FL** ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME YEST, JANET S STREET ADDRESS STREET ADDRESS 2680 SE 476 CITY-ST-ZIP CITY-ST-ZIP **BUSHNELL FL** ☐ Addition TITLE Delete Change SHIRLEY, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 2680 WC 476 CITY-ST-ZIP CITY-ST-ZIP **BUSHNELL FL 33513** 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

Daytime Phone #