

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N38041**

1. Entity Name

SUMTER COUNTY SCHOOL BOARD LEASING CORPORATION

Principal Place of Business

2680 WC-476
BUSHNELL FL 33513
US

Mailing Address

2680 WC-476
BUSHNELL FL 33513
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

59-3015146

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIRLEY, RICHARD A
2680 WC 476
BUSHNELL FL 33513

7. Name and Address of New Registered Agent

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

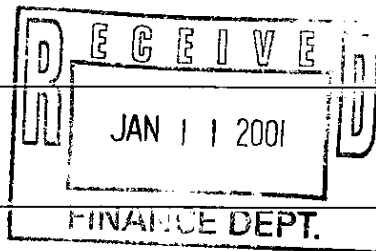
FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, KENNETH P 2680 WC 476 BUSHNELL FL 33513	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINCHESTER, LINDA L 2680 WC 476 BUSHNELL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOOTE, MICHAEL T 2680 WC 476 BUSHNELL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, CHRISTINE 2680 WC 476 BUSHNELL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEST, JANET S 2680 SE 476 BUSHNELL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRLEY, RICHARD A 2680 WC 476 BUSHNELL FL 33513	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01

(352) 793-2315

CR2E037 (10/00)