

2002 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90111 028 ****61.25

DOCUMENT # N38041

1. Entity Name

SUMTER COUNTY SCHOOL BOARD LEASING CORPORATION

Principal Place of Business

2680 WC-478
 BUSHNELL FL 33513
 US

Mailing Address

2680 WC-478
 BUSHNELL FL 33513
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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 478
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 \$61.25

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

TITLE	D	☐ Delete
NAME	JONES, KENNETH P	
STREET ADDRESS	2680 WC 478	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	☐ Delete
NAME	WINCHESTER, LINDA L	
STREET ADDRESS	2680 WC 478	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	☐ Delete
NAME	FOOTE, MICHAEL T	
STREET ADDRESS	2680 WC 478	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	☐ Delete
NAME	NORRIS, CHRISTINE	
STREET ADDRESS	2680 WC 478	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	☐ Delete
NAME	YEST, JANET S	
STREET ADDRESS	2680 SE 478	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	☐ Delete
NAME	SHIRLEY, RICHARD A	
STREET ADDRESS	2680 WC 478	
CITY-ST-ZIP	BUSHNELL FL 33513	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janet S. Yest

CR2E037 (9/01)