

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90042 008 ****61.25

DOCUMENT # N94000000947

1. Entity Name

TRI-COUNTY LEAGUE OF CITIES, INC.

Principal Place of Business 36 W PINE STREET SUITE #204 ORLANDO FL 32801 US	Mailing Address 36 W PINE STREET SUITE #204 ORLANDO FL 32801-2612 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 65-0534661	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PLEUS, ROBERT J JR. AKERMAN, SENTERFITT, & EIDSON, P.A. 255 SOUTH ORANGE AVE. ORLANDO FL 32802	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAND, WILLIAM 36 W PINE STREET, STE #204 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hand, William 36 W Pine St Ste 204 Orlando FL 32801 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANGIOVANNI, GLENN 36 W PINE STREET, STE #204 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sangiovanni, Glenn 36 W Pine Street Ste 204 Orlando FL 32801 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRONOVOST, BRUCE 36 W PINE ST,STE #204 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Pronovost, Bruce 36 W Pine Street Ste 204 Orlando FL 32801 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAND, BILL 14545 SAWGRASS DR CLERMONT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Holley 36 W Pine Street Ste 204 Orlando FL 32801 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCQUEEN, MARILYN 36 W PINE ST,STE #204 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD McQueen, Marilyn 36 W Pine Street Ste 204 Orlando FL 32801 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGLEY, BILL 36 W PINE ST,STE #204 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Blake, Michael 36 W Pine Street Ste 204 Orlando FL 32801 <input type="checkbox"/> Change <input type="checkbox"/> 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: Marilyn E. Crotty Executive Director 4/20/00 407.317.7745
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)