

**2001-UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90045 024 \*\*\*\*61.25

0025787

**DOCUMENT # N94000000947**

1. Entity Name

**TRI-COUNTY LEAGUE OF CITIES, INC.**

Principal Place of Business

Mailing Address

36 W PINE STREET  
 SUITE #204  
 ORLANDO FL 32801  
 US

36 W PINE STREET  
 SUITE #204  
 ORLANDO FL 32801  
 US

2. Principal Place of Business

3. Mailing Address

36 W. Pine St.

36 W. Pine St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

Suite 204

City & State

City & State

Orlando Florida

Orlando Florida

Zip

Country

Zip

Country

32801

Orange

32801

Orange

4. FEI Number

65-0534661

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLEUS, ROBERT J JR.  
 AKERMAN, SENTERFITT, & EIDSON, P.A.  
 255 SOUTH ORANGE AVE.  
 ORLANDO FL 32802

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD HAND, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	36 W PINE STREET, STE #204	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	VD SANGIOVANNI, GLENN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	36 W PINE STREET, STE #204	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	VD PRONOVOST, BRUCE	<input type="checkbox"/> Delete
STREET ADDRESS	36 W PINE ST, STE #204	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	D HAND, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14545 SAWGRASS DR	
CITY-ST-ZIP	CLERMONT FL	
TITLE NAME	D MCQUEEN, MARILYN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	36 W PINE ST, STE #204	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	D BAGLEY, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	36 W PINE ST, STE #204	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE NAME	PD Pronovost, Bruce	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	36 W. Pine St. Suite 204	
CITY-ST-ZIP	Orlando FL 32801	
TITLE NAME	VD McQueen, Marilyn U.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	36 West Pine St. Suite 204	
CITY-ST-ZIP	Orlando FL 32801	
TITLE NAME	VD Blake, Michael S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	36 W. Pine St. Suite 204	
CITY-ST-ZIP	Orlando FL 32801	
TITLE NAME	D Holley, Thomas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	36 W. Pine St. Suite 204	
CITY-ST-ZIP	Orlando FL 32801	
TITLE NAME	D Vandergrift, Scott	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	36 W. Pine St. Suite 204	
CITY-ST-ZIP	Orlando FL 32801	
TITLE NAME	D Ady, Larry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	36 W. Pine St Suite 204	
CITY-ST-ZIP	Orlando FL 32801	

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*  
 Signature Required  
 Marilyn E. Crotty, Executive Director

3/22/01

407.317.7745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)