

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90104 025 \*\*\*\*61.25

**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

36 W Pine Street

3. Mailing Address

36 W Pine Street

Suite, Apt. #, etc.  
 Suite 204

Suite, Apt. #, etc.  
 Suite 204

City & State

Orlando Florida

City & State

Orlando Florida

4. FEI Number

65-0534661

Applied For

Not Applicable

Zip

32801

Country

Orange

Zip

32801

Country

Orange

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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 - Marilyn E. Crotty

Street Address (P.O. Box Number is Not Acceptable)

36 W Pine Street, Suite 204

City Orlando

FL

Zip Code 32801

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.

Marilyn E. Crotty

Executive Director

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	PD	<input type="checkbox"/> Delete
NAME	PRONOVOST, BRUCE	
STREET ADDRESS	36 W PINE STREET, STE #204	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCQUEEN, MARILYN U	
STREET ADDRESS	36 W PINE STREET, STE #204	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLAKE, MICHAEL S	
STREET ADDRESS	36 W PINE ST, STE #204	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLEY, THOMAS	
STREET ADDRESS	36 W PINE ST STE 204	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDERGRIFT, SCOTT	
STREET ADDRESS	36 W PINE ST, STE #204	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADY, LARRY	
STREET ADDRESS	36 W PINE ST, STE #204	
CITY-ST-ZIP	ORLANDO FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McQueen, Marilyn U	
STREET ADDRESS	36 W Pine Street Suite 204	
CITY-ST-ZIP	Orlando FL 32801	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blake, Michael	
STREET ADDRESS	36 W Pine Street Suite 204	
CITY-ST-ZIP	Orlando FL 32801	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McKinnon, Wendell	
STREET ADDRESS	36 W Pine Street Suite 204	
CITY-ST-ZIP	Orlando FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holley, Thomas	
STREET ADDRESS	36 W Pine Street Suite 204	
CITY-ST-ZIP	Orlando FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ady, Larry	
STREET ADDRESS	36 W Pine Street Suite 204	
CITY-ST-ZIP	Orlando FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vargo, Vicki	
STREET ADDRESS	36 W Pine Street 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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/16/02

407-317-7745

CR2E037 (9/01)