

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91442 042 ****66.25

DOCUMENT # N94000002363

1. Entity Name

**FLORIDA LEAGUE OF CONSERVATION VOTERS EDUCATION
FUND, INC.**



Principal Place of Business

**6408 STONE ST TRAIL
TALLAHASSEE FL 32308**

Mailing Address

**6408 STONE ST TRAIL
TALLAHASSEE FL 32308**

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 **59-3256652**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROWN, NANCY
6408 STONE STREET TRACE
TALLAHASSEE FL 32308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Nancy C. Brown

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **5-1-2003**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SPIVEY, HELEN	
STREET ADDRESS	940 NW 5 TER	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SIRY, JOE	
STREET ADDRESS	2648 BROOKSIDE CT	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMAN, MAURICE	
STREET ADDRESS	4984 HARP ST	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	VP, S	<input type="checkbox"/> Delete
NAME	HENDRICKSON, DAN	
STREET ADDRESS	704 W. MADISON AVE 317 & E. PARK AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32304 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMSON, GORDON	
STREET ADDRESS	1400 MORAVIA AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ANITA	
STREET ADDRESS	708 BRAGG DR	
CITY-ST-ZIP	TALLAHASSEE FL 32310	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY CRISCOLA	
STREET ADDRESS	1202 CROSS CREEK WAY UNIT 1	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DAN HENDRICKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

386-6160

CR2E037 (10/02)