

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000905

1. Entity Name

HENDRY COUNTY SCHOOL BOARD LEASING CORP.

Principal Place of Business

111 CURRY STREET  
LABELLE FL 33935

Mailing Address

P O BOX 1980  
LABELLE FL 33975  
US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UPTHEGROVE, EDWARD A  
111 CURRY STREET  
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name Thomas W. Conner

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

*Thomas W. Conner*

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

(NOTE: Registered Agent signature required when reinstating)

Thomas W. Conner 1/5/01

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 NAME ☐ Delete  
D BROWN, DWAYNE E  
STREET ADDRESS 607 DELLA TOBIAS AVE. P.O. BOX 684  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE NAME ☐ Delete  
D DAVIDSON, BEAUFORD  
STREET ADDRESS P.O. BOX 401 N/A  
CITY-ST-ZIP LABELLE FL 33935

TITLE NAME ☐ Delete  
D LANGFORD, PATRICK B  
STREET ADDRESS P.O. BOX 122 N/A  
CITY-ST-ZIP LABELLE FL 33935

TITLE NAME ☐ Delete  
D MURPHY, RICHARD A  
STREET ADDRESS RT 1 BOX 46  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE NAME ☐ Delete  
D PERRY, JOHN JR.  
STREET ADDRESS 105 MYRTLE LANE  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition  
D LEVA S. BERG  
STREET ADDRESS Rt. 3 Box 1000-D  
CITY-ST-ZIP Labelle, FL 33935

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP 33935

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*John Penny Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Penny Jr. 1/5/01 (863) 674-4100

Date

Daytime Phone #

FILED  
Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90183 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)