

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000905

1. Entity Name

HENDRY COUNTY SCHOOL BOARD LEASING CORP.

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90078 001 \*\*\*122.50

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

7. Name and Address of New Registered Agent

CONNER, THOMAS W  
111 CURRY STREET  
LABELLE FL 33935

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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	BROWN, DWAYNE E	607 DELLA TOBIAS AVE. P.O. BOX 684 CLEWISTON FL 33440	<input type="checkbox"/> Delete			
	D	DAVIDSON, BEAUFORD	P.O. BOX 401 N/A LABELLE FL 33935	<input checked="" type="checkbox"/> Delete			
	D	LANGFORD, PATRICK B	P.O. BOX 122 N/A LABELLE FL 33975	<input type="checkbox"/> Delete			
	D	MURPHY, RICHARD A	RT 1 BOX 46 CLEWISTON FL 33440	<input type="checkbox"/> Delete			
	D	PERRY, JOHN JR.	105 MYRTLE LANE CLEWISTON FL 33440	<input type="checkbox"/> Delete			
	D	BERG, EVA S	RT 3 BOX 1000-D LABELLE FL 33935	<input type="checkbox"/> Delete			

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:

*Patrick B. Langford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick B. Langford 1/8/02

(863) 674-4100

Date

Daytime Phone #

CR2E037 (9/01)