

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000251

1. Entity Name

ASSOCIATION OF SISTER CITIES OF FLORIDA, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90049 024 ****61.25

Principal Place of Business

4912 EAST WHITE OAK DRIVE
LAKELAND FL 33813

Mailing Address

4912 EAST WHITE OAK DRIVE
LAKELAND FL 33813-2046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3509960

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BUCHANAN, PAT
4912 EAST WHITE OAK DRIVE
LAKELAND FL 33813

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
PD	BUCHANAN, PAT	4912 EAST WHITE OAK DRIVE	LAKELAND FL 33813				
D	MCDERMOTT, WILLIAM B	600 N. BROADWAY SUITE 300	BARTON FL 33830				
D	JEFFRIES, W R	5303 NICHOLAS DR. EAST	LAKELAND FL 33813				
DT	LINEBERHER, BARBARA	4630 S. FLORIDA AVE	LAKELAND FL 33813				

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:

PAT BUCHANAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2000
Date

863-646-3701
Daytime Phone #

CR2E037 (9/99)