

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0044718

DOCUMENT # N98000000251

1. Entity Name

ASSOCIATION OF SISTER CITIES OF FLORIDA, INC.

04-02-2002 90074 001 ****61.25

Principal Place of Business

Mailing Address

**4912 EAST WHITE OAK DRIVE
 LAKELAND FL 33813**

**4912 EAST WHITE OAK DRIVE
 LAKELAND FL 33813**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3509960

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

**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 PD
 NAME BUCHANAN, PAT
 STREET ADDRESS 4912 EAST WHITE OAK DRIVE
 CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE PD
 NAME Garvey, Rita
 STREET ADDRESS 1550 Ridgewood Street
 CITY-ST-ZIP Clearwater, FL 33755 ☒ Change ☐ Addition

TITLE D
 NAME MCDERMOTT, WILLIAM B
 STREET ADDRESS 600 N. BROADWAY SUITE 300
 CITY-ST-ZIP BARTON FL 33830 ☒ Delete

TITLE SD
 NAME Ferreira, Robert L.
 STREET ADDRESS 33664 Loquat Avenue
 CITY-ST-ZIP Coconut Grove, FL 33133 ☒ Change ☐ Addition

TITLE D
 NAME JEFFRIES, W R
 STREET ADDRESS 5303 NICHOLAS DR. EAST
 CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE TD
 NAME Forbes, Elizabeth A.
 STREET ADDRESS 100 S. Tremain Street, E-3
 CITY-ST-ZIP Mount Dora, FL 32757 ☒ Change ☐ Addition

TITLE DT
 NAME LINEBERHER, BARBARA
 STREET ADDRESS 4630 S. FLORIDA AVE
 CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE VD
 NAME Schmidt, David W.
 STREET ADDRESS 100 NW 1st Avenue
 CITY-ST-ZIP Delray Beach, FL 33444 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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: *Elizabeth A. Forbes* **Elizabeth A. Forbes**
 SECRETARY OF STATE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02 (352) 383-4198

Date

Daytime Phone #

CR2E037 (9/01)