

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

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90194 037 \*\*\*\*61.25

**DOCUMENT # N98000000251**

1. Entity Name

**ASSOCIATION OF SISTER CITIES OF FLORIDA, INC.**



Principal Place of Business

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

Mailing Address

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

**55042440**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**100 NE Fifth Avenue**

3. Mailing Address

**100 NE Fifth Avenue**

Suite, Apt. #, etc.

**Suite A-1**

Suite, Apt. #, etc.

**Suite A-1**

City & State

**Delray Beach, FL**

City & State

**Delray Beach, FL**

Zip

**33483**

Country

**US**

Zip

**33483**

Country

**US**

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

**BUCHANAN, PAT**

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

7. Name and Address of Now Registered Agent

**David W. Schmidt**

Street Address (P.O. Box Number is Not Acceptable)

**100 NE Fifth Avenue**

**Suite A-1**

City

**Delray Beach**

FL

Zip Code

**33483**

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

*David W. Schmidt*

**4/25/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GARVEY, RITA  
1550 RIDGEWOOD STREET  
CLEARWATER FL 33755** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
FERREIRA, ROBERT L  
33884 LOQUAT AVE  
COCONUT GROVE FL 33133** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
FORBES, ELIZABETH A  
100 S TREMAIN STREET E-3  
MOUNT DORA FL 32757** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SCHMIDT, DAVID W  
100 NW 1ST AVE  
DELRAY BEACH FL 33444** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Sharon McNeely** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**100 NE Fifth Avenue  
Delray Beach, FL 33483** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Sharon McNeely  
301 East Pine St., Suite 900  
Orlando, FL 32801** ☐ Change ☒ Addition

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: *David W. Schmidt* **President** **4/25/03** **561-278-2601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)