

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004459

1. Entity Name

JOHN T. LESLEY CAMP NO. 1282, INC. SONS OF CONFE

Principal Place of Business

651 PINE FOREST DRIVE
BRANDON FL 33511

Mailing Address

651 PINE FOREST DRIVE
BRANDON FL 33511-7817

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

59-1832396

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

HAYWARD, JAMES B
651 PINE FOREST DRIVE
BRANDON FL 33511

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	D	<input type="checkbox"/> Delete
NAME	HAYWARD, JAMES B	
STREET ADDRESS	651 PINE FOREST DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAMBERT, MARION D	
STREET ADDRESS	6101 PINE FOREST DR	
CITY-ST-ZIP	BRANDON FL 33611	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENGLISH, JASON	
STREET ADDRESS	1010 CENTER LAKE BURRELL DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	T	<input type="checkbox"/> Delete
NAME	TETRICK, DWIGHT	
STREET ADDRESS	19126 AMELIA CIRCLE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

JAMES B HAYWARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90167 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)