

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jul 05, 2000 8:00 am
Secretary of State

05-17-2000 91142 001 ***122.50

DOCUMENT # N99000002334

1. Entity Name

FLORIDA SCHOOL BOARDS EDUCATIONAL LEADERSHIP FOU

Principal Place of Business

Mailing Address

203 S. MONROE ST.
TALLAHASSEE FL 32301

203 S. MONROE ST.
TALLAHASSEE FL 32301-1823

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

59-3570278

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

BLANTON, WAYNE DR.
203 S. MONROE ST.
TALLAHASSEE FL 32301

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 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	<input type="checkbox"/> Delete
NAME	GRAHAM, WILLIAM	
STREET ADDRESS	1429 BETA COURT	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, PATRICIA	
STREET ADDRESS	7002 SCARBORO DR. S.W.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADKINSON, SUSAN	
STREET ADDRESS	P.O. BOX 301	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHARPE, BARBARA	
STREET ADDRESS	1014 S.E. 10TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITELY, ANDREA	
STREET ADDRESS	7726 CHASE RD.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLANTON, WAYNE	
STREET ADDRESS	203 S. MONROE ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Wayne Blanton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

850/414-2578

Date

Daytime Phone #

CR2E037 (9/99)