

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002746

1. Entity Name

HEART OF FLORIDA MUNICIPAL LEAGUE, INC.

Principal Place of Business

151 SE OSCEOLA AVE.
OCALA FL 34478

Mailing Address

P. O. BOX 1270
OCALA FL 34478-1270

2. Principal Place of Business

11924 Bostick Street

Suite, Apt. #, etc.

3. Mailing Address

11924 Bostick Street

Suite, Apt. #, etc.

City & State

Dunnellon, Florida

Zip

34432

Country

USA

City & State

Dunnellon, Florida

Zip

34432

Country

USA

4. FEI Number

59-3583508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINGO, OEL
151 SE OSCEOLA AVE.
OCALA FL 34478

7. Name and Address of New Registered Agent

Name

Susan Scott

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

11924 Bostick Street

City

Dunnellon

FL

Zip Code

34432

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 Susan Scott Susan Scott

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 16, 2001

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINGO, OEL	
STREET ADDRESS	151 SE OSCEOLA AVE.	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ILNYCKYI, ALEX	
STREET ADDRESS	151 SE OSCEOLA AVE.	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, JOHN	
STREET ADDRESS	20750 RIVER DR.	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	STRAUSBAUGH, MARGE	
STREET ADDRESS	151 SE OSCEOLA AVE.	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, FRANK	
STREET ADDRESS	100 N. MAIN ST.	
CITY-ST-ZIP	WILDWOOD FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DEBRA	
STREET ADDRESS	852 NW 2ND	
CITY-ST-ZIP	WILLISTON FL 32696	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Scott	
STREET ADDRESS	11924 Bostick St	
CITY-ST-ZIP	Dunnellon, FL 34432	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Taylor	
STREET ADDRESS	11924 Bostick St	
CITY-ST-ZIP	Dunnellon, FL 34432	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Strickland	
STREET ADDRESS	100N. Main St	
CITY-ST-ZIP	Wildwood, FL 32696	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Stauffer	
STREET ADDRESS	108 N. Seminole Ave	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ernie Wever	
STREET ADDRESS	201 Howell Ave	
CITY-ST-ZIP	Brooksville, FL 34601	
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:

Susan Scott SIGNATURE REQUIRED

Susan Scott

3-16-01

352-489-2992

Date

Daytime Phone #

00036317



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)