

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90038 011 ****61.25

DOCUMENT # N99000002746

1. Entity Name

HEART OF FLORIDA MUNICIPAL LEAGUE, INC.

Principal Place of Business

**11924 BOSTICK ST
DUNNELLON FL 34432**

Mailing Address

**11924 BOSTICK ST
DUNNELLON FL 34432**

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

59-3583508

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

**SCOTT, SUSAN
11924 BOSTICK ST
DUNNELLON FL 34432**

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 NAME	EDST SCOTT, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	11924 BOSTICK ST	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE NAME	P TAYLOR, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	11924 BOSTICK ST	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE NAME	V STRICKLAND, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	100 N MAIN ST	
CITY-ST-ZIP	WILDWOOD FL 32696	
TITLE NAME	D STAUFFER, TED	<input type="checkbox"/> Delete
STREET ADDRESS	108 N SEMINOLE AVE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE NAME	D WEVER, ERNIE	<input type="checkbox"/> Delete
STREET ADDRESS	201 HOWELL AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE NAME	D JONES, DEBRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	852 NW 2ND	
CITY-ST-ZIP	WILLISTON FL 32696	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VICE PRESIDENT TED STAUFFER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	108 N. SEMINOLE AVENUE	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE NAME	DIRECTOR FRANK STRICKLAND	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 N. MAIN STREET	
CITY-ST-ZIP	WILDWOOD, FL 32696	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	EARL CANNON DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	214 E. PARK AVENUE	
CITY-ST-ZIP	CHIEFLAND, FL 32626	

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 E Scott **SUSAN E SCOTT** 1/7/02 352-489-2992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)