

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90033 038 ****61.25

DOCUMENT # N99000003223

1. Entity Name

CONSERVATIVE LEADERSHIP COUNCIL, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 361541
MELBOURNE FL 32936-1541****P.O. BOX 361541
MELBOURNE FL 32936-1541****810363**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3594039

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DYER, DAVID W
325 FIFTH AVE., STE. 205
INDIALANTIC FL 32903**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	TITLE	
NAME	ELLIS, SCOTT	NAME	
STREET ADDRESS	2687 SARNO ROAD	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	TOLLEY, PATRICIA	NAME	
STREET ADDRESS	4250 PINWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	CITY-ST-ZIP	
TITLE	DT	TITLE	
NAME	SIMMONS, JOHN	NAME	
STREET ADDRESS	405 BANYAN WAY	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

JOHN SIMMONS *John W. Simmons* 1/29/00 (321) 727-0264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #