

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003223

1. Entity Name

CONSERVATIVE LEADERSHIP COUNCIL, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90135 013 ****61.25

Principal Place of Business

PO BOX 361541
MELBOURNE, FL 32936-1541

Mailing Address

PO BOX 361541
MELBOURNE, FL 32936-1541

A0047128

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3594039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME DP
STREET ADDRESS ELLIS, SCOTT
CITY-ST-ZIP 2687 SARNO RD
MELBOURNE, FL 32935

TITLE ☐ Delete
NAME DS
STREET ADDRESS TULLEY, PATRICIA
CITY-ST-ZIP 4250 PINEWOOD RD
MELBOURNE, FL 32934

TITLE ☐ Delete
NAME DT
STREET ADDRESS SIMMONS, JOHN
CITY-ST-ZIP 405 BANYAN WAY
MELBOURNE BEACH, FL 32951

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME DP
STREET ADDRESS ELLIS, SCOTT
CITY-ST-ZIP 4295 LAKE RIDGE DR
MELBOURNE, FL 32934

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: JOHN SIMMONS *John Simmons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01 321-727-0264

Date

Daytime Phone #

CR2E037 (11/00)