

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000003223**

1. Entity Name

CONSERVATIVE LEADERSHIP COUNCIL, INC.

Principal Place of Business

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

Mailing Address

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

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

59-3594039

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

**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 \$61.259. 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 **DP** ☐ Delete
NAME **ELLIS, SCOTT**
STREET ADDRESS **4295 LAKE RIDGE DR**
CITY-ST-ZIP **MELBOURNE FL 32934**TITLE **DVP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DS** ☒ Delete
NAME **TOLLEY, PATRICIA**
STREET ADDRESS **4250 PINWOOD RD**
CITY-ST-ZIP **MELBOURNE FL 32934**TITLE **DS** ☐ Change ☒ Addition
NAME **YOUNG, BETH**
STREET ADDRESS **2401 DAIRY ROAD**
CITY-ST-ZIP **MELBOURNE FL 32901**TITLE **DT** ☐ Delete
NAME **SIMMONS, JOHN**
STREET ADDRESS **405 BANYAN WAY**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D.P.** ☐ Change ☒ Addition
NAME **YOUNG, DALE**
STREET ADDRESS **2401 DAIRY ROAD**
CITY-ST-ZIP **MELBOURNE FL 32901**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 A. W. SIMMONS, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**22 FEB 02 321-727-0264**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)