

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90133 032 ***150.00

DOCUMENT # 220546

1. Entity Name
THE VILLAGES OF LAKE-SUMTER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1100 MAIN ST LADY LAKE FL 32159 US	Mailing Address 1100 MAIN ST LADY LAKE FL 32159-7719 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-0883380** 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

BURNSD, DEWEY
1000 W. MAIN STREET
LEESBURG FL 32748

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORSE, H GARY	NAME			
STREET ADDRESS	1100 MAIN ST	STREET ADDRESS			
CITY-ST-ZIP	LADY LAKE FL	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BURNSD, DEWEY	NAME			
STREET ADDRESS	1000 W. MAIN STREET	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WISE, JOHN F	NAME			
STREET ADDRESS	1100 MAIN ST	STREET ADDRESS			
CITY-ST-ZIP	LAKEY LAKE FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORSE, MARK G	NAME			
STREET ADDRESS	1100 MAIN ST	STREET ADDRESS			
CITY-ST-ZIP	LADY LAKE FL 32159	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John F. Morse* Date: 4-6-00 (352) 753-6270 Daytime Phone #

CR2E034 (9/99)