

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90269 026 \*\*\*\*61.25

**DOCUMENT # 715442**  
 1. Entity Name  
**COMMUNITY COUNCIL OF LEHIGH ACRES FLORIDA, INC.**

Principal Place of Business 1205 3RD ST E LEHIGH ACRES FL 33972 US	Mailing Address 1205 3RD ST E LEHIGH ACRES FL 33972-5221 US
-----------------------------------------------------------------------------	----------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country	Country	Country	Country

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
**BAKER, WILLARD**  
**609 NORTH AVE.**  
**LEHIGH ACRES FL 33972**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, WILLARD 609 NORTH AVE. LEHIGH ACRES FL 33972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANE, CARLO C 120 JEFFERSON AVE LEHIGH ACRES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHELOR, DAMON 1119 5TH AVE. LEHIGH ACRES FL 33972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERGER, MARVIN 1205 EAST 3RD ST LEHIGH ACRES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANGLICKIS, RICHARD 643 GRANDVIEW DRIVE LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, KEN 403D JOAN AVE LEHIGH ACRES FL 33971	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORRESPONDING SECRETARY PARKE, ROYDEN 219 OREGON WAY Lehigh Acres, FL 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 names empowered.

**SIGNATURE:** WILLARD BAKER **01/17/99** **369-0125**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)