

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90211 047 ****61.25

0084552

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
 US

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

NOT APPLICABLE

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

7. Name and Address of New Registered Agent

BAKER, WILLARD
609 NORTH AVE.
LEHIGH ACRES FL 33972

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

Willard Baker

1/21/02

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, WILLARD	
STREET ADDRESS	609 NORTH AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANE, CARLO C	
STREET ADDRESS	120 JEFFERSON AVE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHELOR, DAMON	
STREET ADDRESS	1119 5TH AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERGER, MARVIN	
STREET ADDRESS	1205 EAST 3RD ST	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ANGLICKIS, RICHARD	
STREET ADDRESS	643 GRANDVIEW DRIVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PARKE, ROYDEN	
STREET ADDRESS	219 OREGON WAY	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGLICKIS, RICHARD	
STREET ADDRESS	643 GRANDVIEW DRIVE	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKE, ROYDEN	
STREET ADDRESS	219 OREGON WAY	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, REBEKAH	
STREET ADDRESS	5324 BYWOOD	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	

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:

Willard Baker

1/21/02 *369-0125*

CR2E037 (9/01)