

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90197 045 ****61.25

DOCUMENT # N00000000900

1. Entity Name
LAKE COUNTY VOLLEYBALL, INC.



Principal Place of Business

**38253 C.R. 439
EUSTIS FL 32726**

Mailing Address

**PO BOX 1986
EUSTIS FL 32727**

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 **59-3623506**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHOP, STEVEN W
38253 C.R. 439
EUSTIS FL 32726**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	BISHOP, STEVEN W	
STREET ADDRESS	38253 CR 439	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	CD	☒ Delete
NAME	HOWARD, TIM	
STREET ADDRESS	400 S PRESCOTT STREET	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	SD	☒ Delete
NAME	RAY, LARRY	
STREET ADDRESS	1166 HOLLY DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	STEVEN A. BENSON	
STREET ADDRESS	30912 CHEROKEE AVE.	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	☐ Change ☒ Addition
NAME	JAMES HOFFMAN	
STREET ADDRESS	405 LAKE SHORE DR.	
CITY-ST-ZIP	LEESBURG, FL 34748	
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 empowerments.

SIGNATURE: **STEVEN W. BISHOP** **4/20/03** **352-267-8727**

CR2E037 (10/02)