

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90333 038 ****61.25

DOCUMENT # N01000003600
 1. Entity Name
THE LAMPLIGHTER FOUNDATION, INC.

Principal Place of Business 6995 VENTURE CIR ORLANDO FL 32807	Mailing Address 6995 VENTURE CIR ORLANDO FL 32807
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3722301	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GLANCY, CARMAN M
6995 VENTURE CIR
ORLANDO FL 32807

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

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	D <input type="checkbox"/> Delete
NAME	GLANCY, CARMAN M
STREET ADDRESS	1720 OLD 100 ROAD
CITY-ST-ZIP	GENEVA FL 32732
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	RUSSELL, KRISTEN
STREET ADDRESS	6736 JOHNSTOWN LOOP
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	D <input type="checkbox"/> Delete
NAME	PECKO, MICHAEL
STREET ADDRESS	1960 FARRINGTON DRIVE
CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	D <input type="checkbox"/> Delete
NAME	NELSON, TROY
STREET ADDRESS	2600 S. CONWAY RD. # 1203
CITY-ST-ZIP	ORLANDO, FL.
TITLE	D <input type="checkbox"/> Delete
NAME	LANDRES, GARRY
STREET ADDRESS	1152 VINA LANE
CITY-ST-ZIP	APOPKA, FL. 32712
TITLE	D <input type="checkbox"/> Delete
NAME	SHYMAKAR, WAYNE
STREET ADDRESS	2573 N. FORSYTH RD.
CITY-ST-ZIP	ORLANDO, FL. 32807

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATEEK, GEORGE
STREET ADDRESS	1437 72ND AVE. NE
CITY-ST-ZIP	St. Pete, FL. 33702
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	<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	

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: Glancy, Carman M. **4-29-02** **407-657-3880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

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