

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90052 041 ****61.25

DOCUMENT # N01467

1. Entity Name

HOSPICE OF LAKE AND SUMTER, INC.

Principal Place of Business

Mailing Address

12300 LANE PARK RD
 TAVARES FL 32778-9660

12300 LANE PARK RD
 TAVARES FL 32778-9660

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2330114

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEHOTSKY, PATRICIA
12300 LANE PARK ROAD
TAVARES FL 32778

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

Patricia Lehotsky

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/02

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 | DT | <input type="checkbox"/> Delete |
| NAME | TALLEY, BILL JR | |
| STREET ADDRESS | 900 N 14TH STREET | |
| CITY-ST-ZIP | LEESBURG FL 34749 | |
| TITLE | DPE | <input type="checkbox"/> Delete |
| NAME | DUPEE, ANN | |
| STREET ADDRESS | 389 DIVISION STREET | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | NEWMAN, TOM | |
| STREET ADDRESS | 1022 W N BLVD | |
| CITY-ST-ZIP | LEESBURG FL 34748-3030 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | HINDMAN, SCOTT | |
| STREET ADDRESS | 700 BOYLESTON STREET | |
| CITY-ST-ZIP | LEESBURG FL 34748 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MOORE, SUSAN | |
| STREET ADDRESS | 1 WEST PARK AVENUE | |
| CITY-ST-ZIP | EUSTIS FL 32726 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | SCOBIE, TIM | |
| STREET ADDRESS | 1 ORANGE AVE | |
| CITY-ST-ZIP | EUSTIS FL 32726 | |

| | | |
|----------------|-----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tom Newman | |
| STREET ADDRESS | 1022 W. North Blvd. | |
| CITY-ST-ZIP | Leesburg, FL 34748 | |
| TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | President | |
| STREET ADDRESS | 7205 North Shore Drive | |
| CITY-ST-ZIP | Leesburg, FL 34788 | |
| | Robert McKee | |
| TITLE | T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Treasurer | |
| STREET ADDRESS | Seth D. Ellis | |
| CITY-ST-ZIP | 174 Semoran Commerce Pl, Ste. 111 | |
| | Apopka, FL 32702 | |
| TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Secretary | |
| STREET ADDRESS | Julia Allen | |
| CITY-ST-ZIP | 1400 US Hwy. 441 N, Ste. 930 | |
| | The Villages, FL 32159 | |
| TITLE | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Vice President | |
| STREET ADDRESS | P. Shannon Elswick | |
| CITY-ST-ZIP | 9021 Mossy Oak Lane | |
| | Clermont, FL 34711 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Director | |
| STREET ADDRESS | Susan Pennacchia | |
| CITY-ST-ZIP | 9501 US Hwy. 441 | |
| | Leesburg, FL 34788 | |

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/02

Daytime Phone #

CR2E037 (9/01)