

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03682

1. Entity Name

LADY LAKE AREA CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business

106 S. US HWY. 441
LADY LAKE FL 32159
US

Mailing Address

P.O. BOX 1430
LADY LAKE FL 32158

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

COHRN, DESIREE
700 N PALMETTO
LEESBURG FL 34748

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	P	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CHARLES	
STREET ADDRESS	4 HICKORY HEAD HAMMOCK	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MATTHEWS, PHYLLIS	
STREET ADDRESS	415 US HWY 441	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, NANCY	
STREET ADDRESS	4962 CR 118	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLHORN, MICHAEL	
STREET ADDRESS	10935 S.E 177TH PLACE	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAGEM, RUTH	
STREET ADDRESS	P.O. BOX 159 N/A	
CITY-ST-ZIP	LADY LAKE FL 32158	
TITLE	D	<input type="checkbox"/> Delete
NAME	THEMM, CHARLES F	
STREET ADDRESS	108 LA GRANDE BLVD.	
CITY-ST-ZIP	LADY LAKE FL	

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

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESIREE COLEMAN-COHRN	
STREET ADDRESS	700 N. PALMETTO	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	VICKIE HANNEGAN, V.PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	13891 N. HWY 441	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERB YOUNG	
STREET ADDRESS	1112 BICHARA BLVD	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13710 HWY 441	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	SECRETARY VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNE LAZO	
STREET ADDRESS	13609 US HWY 441	
CITY-ST-ZIP	LADY LAKE, FL 32159	
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: *[Signature]* REQUIRED *[Signature]*

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90023 045 ****61.25

550356



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2501235

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (10/00)