# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 15, 2000 8:00 am**
**Secretary of State**
03-15-2000 90090 015 ****61.25

DOCUMENT # N27921

1. Entity Name

HOSPICE FOUNDATION OF LAKE AND SUMTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12300 LANE PARK ROAD<br>TAVARES FL 32778-6660 | 12300 LANE PARK ROAD<br>TAVARES FL 32778-9660 |

DO NOT WRITE IN THIS SPACE

| 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 59-2915060 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ARASI, LOU<br>100 SOUTH BAY STREET<br>EUSTIS FL 32726 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HUX, MARSHALL<br>400 WEBSTER STREET<br>LEEESBURG FL 34748 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PRESIDENT<br>Lou Arasi<br>100 South Bay Street<br>Eustis, FL 32726 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ELLIS, SETH<br>141 WATERMAN AVENUE<br>MT. DORA FL 32757 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VICE PRESIDENT<br>Richard Jans<br>380 W. Alfred Street<br>Tavares, FL 32778 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>ARASI, LOU<br>100 SOUTH BAY STREET<br>EUSTIS FL 32726 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TREASURER<br>Susan Lynn Carter<br>1211 W.N. Blvd<br>Leesburg, FL 33748 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STONE, LEWIS W<br>4850 N HWY 19A<br>MT DORA FL 32757 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SECRETARY<br>Lewis Stone<br>4850 N. Hwy 19A<br>Mt. Dora, FL 32757 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KICKLIGHER, WILLIAM<br>2701 S. BAY STREET<br>EUSTIS FL 32726 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Seth Ellis<br>34041 Parkview Ave.<br>Eustis, FL 32726 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RATH, ROGER<br>901 N. GROVE STREET<br>EUSTIS FL 32726 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Vann Gannaway<br>US Hwy 441<br>Eustis, FL 32726 | ☐ Change ☒ Addition |

CR2E037 (9/99)

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 (Lewis Stone/Secretary) 352-343-1341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #