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

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90353 001 ****61.25

DOCUMENT # N27921

1. Entity Name
HOSPICE FOUNDATION OF LAKE AND SUMTER, INC.

Principal Place of Business	Mailing Address
12300 LANE PARK ROAD TAVARES FL 32778-6660	12300 LANE PARK ROAD TAVARES FL 32778-6660

☐ CHECK HERE IF MAKING CHANGES

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
LYNN, SUSAN C 4525 CR 48 OKAHUMPKA FL 34762	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 _____ 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURNSED, LYNN 5549 BANANA POINT DR OKAHUMPKA FL 34762	☒ Delete	Vice President Jim Heaton 1321 W. CItizens Blvd Leesburg, FL 34748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARTER, SUSAN L 4525 CR 48 OKAHUMPKA FL 34762	☒ Delete	Secretary Micki B. Wolfe 450 E. SR 50 Clermont, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARASI, LOU 100 SOUTH BAY STREET EUSTIS FL 32726	☒ Delete	Treasurer Vann Gannaway 15140 US Hwy 441, Eustis, FL 32726	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STONE, LEWIS W 4850 N HWY 19A MT DORA FL 32757	☐ Delete	President Susan C. Lynn 4525 CR 48, Okahumpka, FL 34762	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOLFE, MICKI B 450 E SR 50 CLERMONT FL 34711	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GANNAWAY, VANN US HWY 441 EUSTIS FL 32726	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGN Susan C Lynn 01/16/03