

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90379 043 ****61.25

DOCUMENT # N98000007193

1. Entity Name

LAKE COUNTY EXECUTIVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

614 E HWY 50
 #242
 CLERMONT FL 34711
 US

614 E HWY 50
 #242
 CLERMONT FL 34711
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3555099

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAPPA, PATRICIA
614 E HWY 50
#242
CLERMONT FL 34711

Name
Patti Bryan

Street Address (P.O. Box Number is Not Acceptable)
614 E Hwy 50 #242

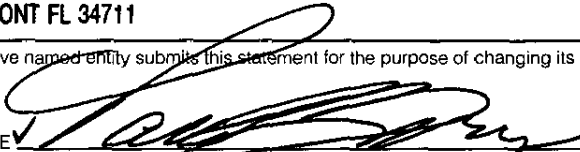
City
Clermont

FL

Zip Code
34711

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



2/6/2001

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	Delete
D	HOLT, MARCELLA	11234 ROSEHILL DRIVE	CLERMONT FL 34711	<input checked="" type="checkbox"/>
VD	KOCH, SUSAN	7955 LK NELLIE RD	CLERMONT FL 34711	<input checked="" type="checkbox"/>
PD	RAPPA, PATRICIA	614 E HWY 50, #242	CLERMONT FL 34711	<input checked="" type="checkbox"/>
TD	BOYER, DAVID	611 PALOMAS AVE	OCOOEE FL 34761	<input checked="" type="checkbox"/>
SD	SIMON, CORA	6702 LK KIRKLAND DR	CLERMONT FL 34711	<input checked="" type="checkbox"/>
S	BRYANT, PATTI	11330 HASKELL DR	CLERMONT FL 34711	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Mary Jane Sales	288 Seminole St	Clermont, FL 34711	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Colleen Walls	450 E. Hwy 50 Ste 3	Clermont, FL 34711	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Patricia Rappa	688 W. Montrose St	Clermont, FL 34711	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Judith K. Hannu	9005 J. Underwood Rd	Clermont, FL 34711	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Steve Lightcap	1698 Second St	Clermont, FL 34711	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	Patti Bryan	11330 Haskell Dr	Clermont, FL 34711	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-6-01 Daytime Phone #: 352-394-2183

CR2E037 (10/00)