

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750806

1. Entity Name

LAKE-SUMTER COMMUNITY COLLEGE FOUNDATION, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90007 022 ****61.25

Principal Place of Business	Mailing Address
9501 US HWY 441 LEESBURG FL 34788	9501 US HWY 441 LEESBURG FL 34788-3950

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1990323**

Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WINEMILLER, HERBERT JR.
35246 CRYSTAL BREEZE LANE
LEESBURG FL 34788

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SEWELL, STEPHEN G	
STREET ADDRESS	1001 SHORE ACRES DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	PED	<input checked="" type="checkbox"/> Delete
NAME	WINCHESTER, LUNDA	
STREET ADDRESS	8878 US HIGHWAY 301	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HALL, DREW	
STREET ADDRESS	P.O. BOX 1320	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	TD	<input type="checkbox"/> Delete
NAME	INGRAM, RODGER	
STREET ADDRESS	17772 S.E. 237TH COURT	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WINEMILLER, HERBERT	
STREET ADDRESS	35246 CRYSTAL BREEZE LANE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	CP	<input type="checkbox"/> Delete
NAME	WESTRICK, ROBERT	
STREET ADDRESS	9501 US HWY 441	
CITY-ST-ZIP	LEESBURG FL 34788	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, JENNIFER	
STREET ADDRESS	9732 FAIRWAY CIRCLE	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWELL, STEPHEN G.	
STREET ADDRESS	1001 SHORE ACRES DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINCHESTER, LINDA	
STREET ADDRESS	8878 U.S. HIGHWAY 301	
CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, F. DREW	
STREET ADDRESS	P.O. BOX 1320	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Herbert J. Winemiller 1/6/00 352-365-3515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)