

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24153

1. Entity Name

MOUNTAIN LAKE COMMUNITY SERVICE, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90029 049 ****61.25

Principal Place of Business	Mailing Address
MOUNTAIN LAKE 1 ALTERNATE 27 N. P.O. BOX 832 LAKE WALES FL 33859-0832	MOUNTAIN LAKE 1 ALTERNATE 27 N. P.O. BOX 832 LAKE WALES FL 33859-0832

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2868636	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
HUNT, D. ANDREW 225 E. PARK AVE. LAKE WALES FL 33853	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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD MADITCH, MARIAN Y 97 MOUNTAIN LAKE LAKE WALES FL 33853	TITLE NAME STREET ADDRESS CITY-ST-ZIP VD MEDITCH, MARIAN Y 97 MOUNTAIN LAKE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD RICHMOND, ELEANOR A 83 MOUNTAIN LAKE LAKE WALES FL 33853	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD WILLIAM G. BURNS 110 MOUNTAIN LAKE LAKE WALES FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP D KRUMM, ROBERT R 48 MOUNTAIN LAKE LAKE WALES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP D BETTY ANNE BRINE 17 MOUNTAIN LAKE LAKE WALES FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BARRONS, JOY 15 MOUNTAIN LAKE LAKE WALES FL 33853	TITLE NAME STREET ADDRESS CITY-ST-ZIP D CAROL C. FELKER 50 MOUNTAIN LAKE LAKE WALES FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD TAFF, KATHARENE 19 MOUNTAIN LAKE LAKE WALES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD TAFF, KATHARINE 19 MOUNTAIN LAKE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP D NANCY H. HOYT 68 MOUNTAIN LAKE LAKE WALES, FL 33853

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	Daytime Phone #
	WILLIAM G. BURNS TREASURER	2/14/00	941-676-0550

CR2E037 (9/99)