

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738889

1. Entity Name

LEHIGH COMMUNITY SERVICES, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90003 007 ****61.25

Principal Place of Business

9 BETH STACY BLVD. #206
LEHIGH ACRES FL 33936
US

Mailing Address

9 BETH STACY BLVD. #206
LEHIGH ACRES FL 33936-6043
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1773738

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

RICE, VERNA LEA
204 NORTH 8TH AVE.
LEHIGH ACRES FL 33936

Name

Robert Bowells

Street Address (P.O. Box Number is Not Acceptable)

23 CEDARWOOD ROAD

City

Lehigh

FL

Zip Code

33970

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-2000

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	PD	<input type="checkbox"/> Delete
NAME	MATHENY, CHARLES	
STREET ADDRESS	18413 ORANGECREST CT. SW	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACKSON, DEBBIE	
STREET ADDRESS	325 ROOSEVELT AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOSTER, DEBBIE L	
STREET ADDRESS	4114 5TH STREET S.W.	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MATHENY, PATRICIA	
STREET ADDRESS	1110 HOMESTEAD RD.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input type="checkbox"/> Delete
NAME	KESSLER, MYRA	
STREET ADDRESS	201 E JOEL BLVD	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAULERSON, LAUREL	
STREET ADDRESS	2701 LEE BLVD	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha Thrower, Secretary	
STREET ADDRESS	1416 Kimdale St.	
CITY-ST-ZIP	Lehigh Acres, FL 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Vealey, Director	
STREET ADDRESS	1110 Homestead Rd.	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vicki Culver, Director	
STREET ADDRESS	300 8th Ave.	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virginia Little, Director	
STREET ADDRESS	310 Greenwood	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ida Rasnake, Director	
STREET ADDRESS	308 Greenwood	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Deetscreek, Director	
STREET ADDRESS	2199 Berkley Way	
CITY-ST-ZIP	Lehigh Acres, FL 33971	

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 another like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-18-00 941-368-4800

CR2E037 (9/99)