

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**  
 02-06-2001 90040 046 \*\*\*\*61.25

0067C

**DOCUMENT # N24153**

1. Entity Name

**MOUNTAIN LAKE COMMUNITY SERVICE, INC.**

Principal Place of Business

**MOUNTAIN LAKE  
 1 ALTERNATE 27 N. P.O. BOX 832  
 LAKE WALES FL 33859-0832**

Mailing Address

**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

Zip

Country

4. FEI Number

**59-2868636**

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

**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 **VD** ☐ Delete  
 NAME **MEDITCH, MARIAN Y**  
 STREET ADDRESS **97 MOUNTAIN LAKE**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **WILLIAM G. BURKS**  
 STREET ADDRESS **110 MOUNTAIN LAKE**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **SD** ☐ Delete  
 NAME **RICHMOND, ELEANOR A**  
 STREET ADDRESS **83 MOUNTAIN LAKE**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☒ Change ☐ Addition  
 NAME **RICHMOND, ELEANOR A**  
 STREET ADDRESS **83 MOUNTAIN LAKE**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☒ Delete  
 NAME **KRUMM, ROBERT R**  
 STREET ADDRESS **48 MOUNTAIN LAKE**  
 CITY-ST-ZIP **LAKE WALES FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **CAROL C. FELKER**  
 STREET ADDRESS **SD MOUNTAIN LAKE**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Delete  
 NAME **BARRONS, JOY**  
 STREET ADDRESS **15 MOUNTAIN LAKE**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Change ☒ Addition  
 NAME **SUSAN CONNOR**  
 STREET ADDRESS **61 MOUNTAIN LAKE**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **PD** ☐ Delete  
 NAME **TAFF, KATHARINE**  
 STREET ADDRESS **19 MOUNTAIN LAKE**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Change ☒ Addition  
 NAME **DR TOM E. NESBITT, SR.**  
 STREET ADDRESS **52 MOUNTAIN LAKE**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Delete  
 NAME **HOYT, NANCY H**  
 STREET ADDRESS **68 MOUNTAIN LAKE**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **HOYT, NANCY H.**  
 STREET ADDRESS **68 MOUNTAIN LAKE**  
 CITY-ST-ZIP **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. BURKS, TREASURER 2/2/01 863-676-0550**

CR2E037 (10/00)