2003 NOT-FOR-PROFIT CORPORATION 526 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 04, 2003 8:00 am Secretary of State

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| Entity Name | MENT # NO2000 OF LAKE COUNTY | 002132 | | | 01-09-2003 | 90010 010 | ****70.00 |
| Principal Place | of Business | Mailing Address | | | <u> </u> | | |
| Principal Place of Business 949 CAMP AVE. | | PO BOX 34 | | | | | |
| MOUNT DORA F | FL 32757 | MOUNT DORA FL 32756 | | A 18841/ET ETT | ennis elem adılı Pfili Ffili Afili | FORR W ar ag er 1 (8) | IN (1 11) (120) |
| 2 Principal Pla | ace of Business | 3. Mailing Address | | | | | |
| 2. Principal Place of Business | | | | | | | |
| Suite, Apt. # | ŧ, etc. | Suite, Apt. #, etc. | | 7 | CHECK HERE IF MAKII | | |
| City & State | | City & State | | '4, FEI Number | 4, FEI Number Applied For Not Applicable | | |
| Zip | Country | Zip | Country, | 5. Certificate of | | \$8.75 Add Fee Require | |
| | 6. Name and Address of Current | Registered Agent | | - 7. Name and A | ddress of New Registere | _ | |
| | The second secon | | Name | · | | | |
| | SUZANNE R | | Street Ad | ddress (P.O. Box Number i | s Not Acceptable) | | |
| 1333 E. 3F | RD. AVE. ORA FL 32757 | | | | | | |
| MICHURI IA | A1011 F 401 | | | | | Zip Cod | • |
| 8. The above the obligation | named entity submits this statement for ons of registered agent. | - | City registered office or | registered agent, or both, | in the State of Florida. I a | m familiar with, | and accept |
| 8. The above the obligation SIGNATURE | ons of registered agent. Signature, typed or printed name of registered agent. | and title if applicable. (NOT) | registered office or | ure required when reinstating) | in the State of Florida. I a | m familiar with, | to |
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I hereby certify that the information supplied with this filing does not quality for the exemptions stated in Section 19.0/3(I), Florida States. That is a notificer or director 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 attictment with an address, with all other like empowered.

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SIGNATURE: