

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 220546
1. Entity Name
THE VILLAGES OF LAKE-SUMTER, INC.

FILED
Apr 08, 2002 8:00 am
Secretary of State
 04-08-2002 90070 033 ***150.00

0016521 AV

Principal Place of Business
 1100 MAIN ST
 LADY LAKE FL 32159
 US

Mailing Address
 1100 MAIN ST
 LADY LAKE FL 32159
 US



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0883380

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNSED, DEWEY
1000 W. MAIN STREET
LEESBURG FL 32748

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORSE, H GARY 1100 MAIN ST LADY LAKE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURNSED, DEWEY 1000 W. MAIN STREET LEESBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WISE, JOHN F 1100 MAIN ST LAKE LAKE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORSE, MARK G 1100 MAIN ST LADY LAKE FL 32159	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

3.15.02

Date

(352) 753-6170

Daytime Phone #

CP2E034 (9/01)