

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90032 047 \*\*\*\*61.25

**DOCUMENT # 711452**

1. Entity Name

**UNITED WAY OF LAKE AND SUMTER COUNTIES, INC.**

Principal Place of Business

515 West Main Street  
 Leesburg, FL 34748

Mailing Address

515 West Main Street  
 Leesburg, FL 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1143758**

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

**PROVANCE, J L**  
 515 West Main Street  
 Leesburg, FL 34748

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BILLINGS, R</b>	
STREET ADDRESS	<b>122 E MAIN ST</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BARTHOLOMEW, J</b>	
STREET ADDRESS	<b>431 US HWY 441/27</b>	
CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MCKEE, R</b>	
STREET ADDRESS	<b>POB 327</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PROVANCE, J L</b>	
STREET ADDRESS	<b>734 N 3 ST, STE 419</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ~~PROVANCE, J L~~ SIGNATURE REQUIRED

1/24/00

(352) 787-7530