

DOCUMENT # 711452

1. Entity Name

UNITED WAY OF LAKE AND SUMTER COUNTIES, INC. ✓

Principal Place of Business

515 WEST MAIN STREET  
LEESBURG FL 34748  
US

Mailing Address

515 WEST MAIN STREET  
LEESBURG FL 34748  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1143758

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PROVANCE, J L  
515 WEST MAIN STREET  
LEESBURG FL 34748

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BILLINGS, R	
STREET ADDRESS	122 E MAIN ST	
CITY-ST-ZIP	TAVARES FL 32778	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BARTHOLOMEW, J	
STREET ADDRESS	431 US HWY 441/27	
CITY-ST-ZIP	LADY LAKE FL 32159	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MCKEE, R	
STREET ADDRESS	POB 327	
CITY-ST-ZIP	TAVARES FL 32778	

TITLE	P	<input type="checkbox"/> Delete
NAME	PROVANCE, J L	
STREET ADDRESS	734 N 3 ST, STE 419	
CITY-ST-ZIP	LEESBURG FL 34748	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Ray Gilley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	40 East Dewey Street	
STREET ADDRESS	Eustis, FL 32726	
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
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
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Online Photo #

FILED  
Mar 06, 2001 8:00 am  
Secretary of State

02-01-2001 90098 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)