


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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-12-2003 90082 003 ****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
US**

Mailing Address
**515 WEST MAIN STREET
LEESBURG FL 34748
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

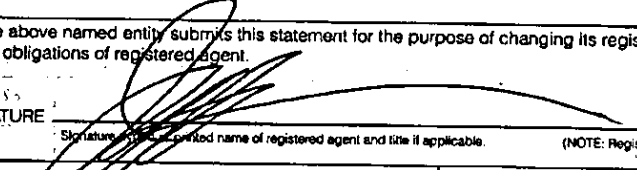
4. FEI Number **59-1143758** Applied For
Not Applicable

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 **P. Shannon Elswick**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLEY, RAY 40 EAST DEWEY STREET EUSTIS FL 32726 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTHOLOMEW, J 431 US HWY 441/27 LADY LAKE FL 32159 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKEE, R POB 327 TAVARES FL 32778 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PROVANCE, J L 734 N 3 ST, STE 419 LEESBURG FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shannon Elswick 1414 Kuhn Avenue Orlando, FL 32826 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brad White 900 N 14th St. Leesburg, FL 32748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Richard Lingren 201 W. Burlingame Blvd. Tavares, FL. <input type="checkbox"/> Change <input type="checkbox"/> Addition XX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dale Nichols P.O. Box 301 Sumterville, FL. 33585 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jay Bartholomew 715 W. Oak Terrace Leesburg, FL 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADD REG

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 addressee with an other like empowered.

SIGNATURE:  **John Provance** 2/10/03 (352) 787-7530

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)