2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90004 003 ****61.25

DOCUMENT # 711772

1. Entity Name

LAKE COUNTY BAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1000 W. MAIN STREET P.O. BOX DREWER 491357 LEESBURG FL 34748	1000 W. MAIN STREET P.O. BOX DREWER 491357 LEESBURG FL 34748-4925

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7267384 ☐ Applied For ☐ Not Applic.

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
MORRISON, FRED A. 1000 WEST 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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERKEN, SCOTT 4850 N HWY 19-A MT DORA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Purdy, Elizabeth M. 550 West Main St. Tavares, FL 32778	☒ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KIRSTE, MEREDITH 610 E MAIN ST LEESBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Campione, David 600 Jennings Ave. Eustis, FL 32726	☒ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORRISON, FRED 1000 MAIN ST LEESBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Gerken, Scott 4850 North Highway 19-A Mt. Dora, FL 32757	☒ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDANIEL, MARY M. 226 WEST ALFRED STREET TAVARES FL 32778	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Oldham, John 380 W. Alfred St. Tavares, FL 32778	☒ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLEMENT, G. ED 308 E 5TH AVENUE MT. DORA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Hackney, Harry T. 14229 U.S. Highway 441 Tavares, FL 32778	☒ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addit

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 directo 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Fred A. Morrison Jan. 7, 2000 352/787-1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #