

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711772

1. Entity Name

LAKE COUNTY BAR ASSOCIATION, INC.

Principal Place of Business

1000 W. MAIN STREET
P.O. BOX DREWER 491357
LEESBURG FL 34748

Mailing Address

1000 W. MAIN STREET
P.O. BOX DREWER 491357
LEESBURG FL 34748

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 Applicable

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 P ☒ Delete
NAME PURDY, ELIZABETH M
STREET ADDRESS 550 WEST MAIN ST
CITY-ST-ZIP TAVARES FL 32778

TITLE President ☒ Change ☐ Addition
NAME Campione, David
STREET ADDRESS 600 Jennings Avenue
CITY-ST-ZIP Eustis, FL 32726

TITLE T ☐ Delete
NAME KIRSTE, MEREDITH
STREET ADDRESS 610 E MAIN ST
CITY-ST-ZIP LEESBURG FL

TITLE Vice President ☒ Change ☐ Addition
NAME Oldham, John
STREET ADDRESS 380 West Alfred St.
CITY-ST-ZIP TAVARES, FL 32778

TITLE S ☐ Delete
NAME MORRISON, FRED
STREET ADDRESS 1000 MAIN ST
CITY-ST-ZIP LEESBURG FL

TITLE Director ☒ Change ☐ Addition
NAME Hackney, Harry
STREET ADDRESS 14229 U.S. Highway 441
CITY-ST-ZIP TAVARES, FL 32778

TITLE D ☒ Delete
NAME GERKEN, SCOTT
STREET ADDRESS 4850 N HIGHWAY 19-A
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE Director ☒ Change ☐ Addition
NAME Fuchs, Valerie
STREET ADDRESS 550 West Main Street
CITY-ST-ZIP TAVARES, FL 32778

TITLE VP ☒ Delete
NAME CAMPIONE, DAVID
STREET ADDRESS 600 JENNINGS AVE
CITY-ST-ZIP EUSTIS FL 32726

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

TITLE D ☒ Delete
NAME OLDHAM, JOHN
STREET ADDRESS 380 W ALFRED ST
CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ Change ☐ 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:

Fred A. Morrison

Fred A. Morrison 01/10/01 352-787-1241

Date

Daytime Phone #

0062318

CR2E037 (10/00)