

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 711772

FILED
Apr 15, 2002 8:00 AM
Secretary of State

Entity Name: LAKE COUNTY BAR ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

20 LA GRANDE BOULEVARD
THE VILLAGES, FL 32159

Current Mailing Address:

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

New Mailing Address:

20 LA GRANDE BOULEVARD
THE VILLAGES, FL 32159

FEI Number: 23-7267384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, FRED A.
1000 WEST MAIN STREET
LEESBURG, FL 32748

Name and Address of New Registered Agent:

CARLYLE, SHANNON M
20 LA GRANDE BOULEVARD
THE VILLAGES, FL 32159

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: SHANNON MCLIN CARLYLE

04/15/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PURDY, ELIZABETH M
Address: 550 WEST MAIN ST
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: KIRSTE, MEREDITH
Address: 610 E MAIN ST
City-St-Zip: LEESBURG, FL

Title: S () Delete
Name: MORRISON, FRED,
Address: 1000 MAIN ST
City-St-Zip: LEESBURG, FL

Title: D () Delete
Name: GERKEN, SCOTT
Address: 4850 N HIGHWAY 19-A
City-St-Zip: MOUNT DORA, FL 32757

Title: VP () Delete
Name: CAMPIONE, DAVID
Address: 600 JENNINGS AVE
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: OLDHAM, JOHN
Address: 380 W ALFRED ST
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLDHAM, JOHN
Address: 380 WEST ALFRED STREET
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CARLYLE, SHANNON M
Address: 20 LA GRANDE BOULEVARD
City-St-Zip: THE VILLAGES, FL 32159

Title: D (X) Change () Addition
Name: FUCHS, VALERIE
Address: 550 WEST MAIN STREET
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HACKNEY, HARRY
Address: 14229 U.S. HWY. 441
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON MCLIN CARLYLE

S

04/15/2002

Electronic Signature of Signing Officer or Director

Date