

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715442

1. Entity Name

COMMUNITY COUNCIL OF LEHIGH ACRES FLORIDA, INC.

Principal Place of Business

Mailing Address

1205 3RD ST E  
LEHIGH ACRES FL 33972  
US

1205 3RD ST E  
LEHIGH ACRES FL 33972-5221  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

BAKER, WILLARD  
609 NORTH AVE.  
LEHIGH ACRES FL 33972

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 PD  
NAME BAKER, WILLARD  
STREET ADDRESS 609 NORTH AVE.  
CITY-ST-ZIP LEHIGH ACRES FL 33972

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME LANE, CARLO C  
STREET ADDRESS 120 JEFFERSON AVE  
CITY-ST-ZIP LEHIGH ACRES FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME SHELOR, DAMON  
STREET ADDRESS 1119 5TH AVE.  
CITY-ST-ZIP LEHIGH ACRES FL 33972

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME BERGER, MARVIN  
STREET ADDRESS 1205 EAST 3RD ST  
CITY-ST-ZIP LEHIGH ACRES FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME ANGLICKIS, RICHARD  
STREET ADDRESS 643 GRANDVIEW DRIVE  
CITY-ST-ZIP LEHIGH ACRES FL 33936

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME THOMPSON, KEN  
STREET ADDRESS 403D JOAN AVE  
CITY-ST-ZIP LEHIGH ACRES FL 33971

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

WILLARD BAKER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/99

Date

369-0125

Daytime Phone #

CR2E037 (9/99)