

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716665

1. Entity Name

THE LAKE CITY COMMUNITY COLLEGE FOUNDATION, INC

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90019 012 ****61.25

Principal Place of Business

RT 19 BOX 1030
 LAKE CITY FL 32025
 US

Mailing Address

RT 19 BOX 1030
 LAKE CITY FL 32025-8703
 US

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 **59-1627997**

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

J MICHAEL LEE
 RT 19 BOX 1030
 LAKE CITY FL 32025

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

Linda Thomas, Foundation Specialist

3-2-00

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: TD
 NAME: SCAFF, ANNE Delete
 STREET ADDRESS: 2200 E DUVAL ST
 CITY-ST-ZIP: LAKE CITY FL

TITLE: VCD
 NAME: MOSES, Philip, Jr. Change Addition
 STREET ADDRESS: 1420 S. FIRST ST.
 CITY-ST-ZIP: LAKE CITY, FL 32055

TITLE: SD
 NAME: FOISTER, BILLY RAY Delete
 STREET ADDRESS: 360 NW 3RD ST
 CITY-ST-ZIP: LAKE BUTLER FL 32054

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

TITLE: CD
 NAME: NORMAN, GENIE Delete
 STREET ADDRESS: BAYA AVE
 CITY-ST-ZIP: LAKE CITY FL

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 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:

SIGNATURE REQUIRED

Arlene Thorman

3/8/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)