

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90398 001 *****8.75
01-21-2003 90398 002 *****61.25

DOCUMENT # 734883

1. Entity Name

LIGHT IN THE EAST, INC.



Principal Place of Business

**351 BENNETTS FARM RD.
RIDGEFIELD CT 06877**

Mailing Address

**LIGHT IN THE EAST INC
P O BOX 1126
RIDGEFIELD CT 06877-9126
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 **59-1692656**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DRY, CHARLES
4569 SE HALSTON CT
STUART FL 34997**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BERGEN, JACOB**
STREET ADDRESS **351 BENNETTS FARM RD.**
CITY-ST-ZIP **RIDGEFIELD CT**

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

TITLE **T** ☐ Delete
NAME **BERGEN, LILLIAN**
STREET ADDRESS **351 BENNETTS FARM RD.**
CITY-ST-ZIP **RIDGEFIELD CT**

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

TITLE **D** ☐ Delete
NAME **SIMITIU, GABRIEL**
STREET ADDRESS **63-53 60TH PLACE**
CITY-ST-ZIP **RIDGEWOOD NY**

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

TITLE **D** ☐ Delete
NAME **CAMILLERI, ROBERT**
STREET ADDRESS **12221 LEGEND ST**
CITY-ST-ZIP **SPRING HILL FL 34609**

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

TITLE **VCD** ☐ Delete
NAME **LAKE, JAMES**
STREET ADDRESS **799 SO MAIN ST**
CITY-ST-ZIP **ATHOL MA**

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

TITLE **S** ☐ Delete
NAME **LAKE, NANCY**
STREET ADDRESS **799 SO MAIN ST**
CITY-ST-ZIP **ATHOL MA**

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:

SIGNATURE: JACOB BERGEN

1/15/03 (203)431-9817

CR2E037 (10/02)