

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90125 003 \*\*\*\*70.00

**DOCUMENT # 750806**

1. Entity Name

**LAKE-SUMTER COMMUNITY COLLEGE FOUNDATION, INC.**

Principal Place of Business

9501 US HWY 441  
 LEESBURG FL 34788

Mailing Address

9501 US HWY 441  
 LEESBURG FL 34788

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number. **59-1990323**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WINEMILLER, HERBERT JR.**  
**35246 CRYSTAL BREEZE LANE**  
**LEESBURG FL 34788**

7. Name and Address of New Registered Agent

Name **Dr. Robert Westrick**  
 Street Address (P.O. Box Number is Not Acceptable)  
**33013 Damon Court**  
 City **Leesburg** **FL** Zip Code **34788**

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

*Dr. Robert Westrick, President*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
**Dr. Robert Westrick, College President**

**January 22, 2001**

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	HILL, JENNIFER	
STREET ADDRESS	9732 FAIRWAY CIRCLE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	SEWELL, STEPHEN G	
STREET ADDRESS	1001 SHORE ACRES DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WINCHESTER, LINDA	
STREET ADDRESS	8878 U. S. HIGHWAY 301	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	PED	<input type="checkbox"/> Delete
NAME	HALL, DREW F	
STREET ADDRESS	P. O. BOX 1320	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	WINEMILLER, HERBERT	
STREET ADDRESS	35246 CRYSTAL BREEZE LANE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	CP	<input type="checkbox"/> Delete
NAME	WESTRICK, ROBERT	
STREET ADDRESS	9501 US HWY 441	
CITY-ST-ZIP	LEESBURG FL 34788	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, JENNIFER	
STREET ADDRESS	9732 FAIRWAY CIRCLE	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINCHESTER, LINDA	
STREET ADDRESS	8878 U.S. HIGHWAY 301	
CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DREW F.	
STREET ADDRESS	P.O. BOX 1320	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURDUM, ROSEMARY	
STREET ADDRESS	33703 OVERTON DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34788	

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 corporations.

SIGNATURE:

**SIGNATURE REQUIRED**

**January 22, 2001 (352)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dr. Robert Westrick, College President** **Drew Hall, President**

CR2E037 (10/00)