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

Jan 21, 2003 8:00 am **Secretary of State** DOCUMENT # 750806 1. Entity Name 01-21-2003 90491 026 ****61 25 LAKE-SUMTER COMMUNITY COLLEGE FOUNDATION, INC. Principal Place of Business Mailing Address 9501 US HWY 441 9501 US HWY 441 LEESBURG FL 34788 LEESBURG FL 34788 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1990323 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent K. Charles Dr. WESTRICK, ROBERT DR 33013 DAMON COURT LEESBURG FL 34788 1010 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 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Delete TITLE TITLE ☐ Change **Addition** Posemary Purdum HILL, JENNIFER NAME NAME STREET ADDRESS 9732 FAIRWAY CIRCLE STREET ADDRESS CITY-ST-ZIP eesbura. FL LEESBURG FL 34788 CITY-ST-ZIP PE TITLE Delete TITLE Change WINCHESTER, LINDA NAME 605 silver lake Dr. STREET ADDRESS 8878 U. S. HIGHWAY 301 STREET ADDRESS ecsburg, FL 34788 CITY-ST-ZIP WILDWOOD FL 34785 CITY-ST-ZIP **PPD** TITLE Addition TITLE ☐ Change ifer Hill NAME HALL, DREW F NAME 12 fairway Circle STREET ADDRESS P.-O. BOX-1320 -STREET ADDRESS Leasburg, FL CITY-ST-ZIF CITY-ST-ZIP **UMATILLA FL 32784 VPD** Addition TITLE Change Delete MORRIS, TIM NAME NAME STREET ADDRESS 9605 SILVER LAKE DRIVE STREET ADDRESS 456 w. 10 CITY-ST-ZIP CITY-ST-7IP LEESBURG FL 34788 TITLE ☐ Delete TITLE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition

FILED

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

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP