2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #N00000001776 Feb 21, 2001 8:00 am **Secretary of State** Arts Association of Lake County Inc 02-21-2001 90198 046 ***158.75 Principal Place of Business 515 N. St. Clair Abrams Ave Tavares, FL 32778 626057 2. Principal Place of Business 3. Mailing Address 733 Boy/ston 5+ Suite, Apt. #, etc. 733 Boy/ston 5+ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For -ceskurg 59-3603031 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA <u> 34748</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Tally, Lou Street Address (P.O. Box Number is Not Acceptable) 515 St. Clair Abrams Ave Targres, FL 3277B 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PID TITLE ☐ Delete X Change Addition George O. Pringle 733 Boylston St Leesking, FL 34746 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Mitter majer Bardara
33323 Coventry Av
Lees July, FL 34788 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITLE carman lullen 212 E. Main St NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:,

2/02/01

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NUM: N00000001776 ST:FL ACTIVE/FL NON-PROF FLD: 03/13/2000

NAME: : : ARTS ASSOCIATION OF LAKE COUNTY, INC.

PRINCIPAL: 515 N. ST. CLAIR ABRAMS AVE.

ADDRESS

TAVARES, FL 32778

RA NAME

: TALLY, LOU

RA ADDR : 51

: 515 N. ST. CLAIR ABRAMS AVE.

TAVARES, FL 32778

ANN REP : * NONE FILED *

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2/02/01

OFFICER/DIRECTOR DETAIL SCREEN

12:50 PM

CORP NUMBER: NOOOOOOO1776 CORP NAME: ARTS ASSOCIATION OF LAKE COUNTY, INC.

TITLE: D NAME: PRINGLE, GEORGE

26600 ACE AVE.

LEESBURG, FL 34748

TITLE: D NAME: MITTERMAIER, BARBARA

33323 COVENTRY DR.

LEESBURG, FL 34788

TITLE: D NAME: TALLY, LOU

515 N. ST. CLAIR ABRAMS AVE.

TAVARES, FL 32778