

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004386

1. Entity Name

LAKE-SUMTER EMERGENCY MEDICAL SERVICES, INC.

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90089 040 ****61.25

Principal Place of Business

Mailing Address

315 W MAIN STREET
TAVARES FL 32778

P O BOX 7800
TAVARES FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3662117

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MINKOFF, SANFORD A
315 W MAIN STREET
TAVARES FL 32778

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CADWELL, WELTON G	
STREET ADDRESS	315 W. MAIN ST	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, BENNY	
STREET ADDRESS	209 N. FLORIDA ST	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELSWICK, SHANNON	
STREET ADDRESS	P.O. BOX 121277	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WATKINS, JAMES C	
STREET ADDRESS	550 W. MAIN ST	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHUMAKER, CECIL	
STREET ADDRESS	1314 HOWARD RD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E037 (9/01)