FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90444 030 ****61.25

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

DOCUMENT # N01000001722

1. Entity Name
FRIENDS OF LAKE BELL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1033 LAKE BELL DR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK, FL	City & State
Zip: 32789 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3705905 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN SCOTT BODIE
Street Address (P.O. Box Number is Not Acceptable): 1033 LAKE BELL DR.
City: WINTER PARK FL Zip Code: 32789

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] 4/21/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	PRESIDENT
NAME	DEBBIE CUNNINGHAM
STREET ADDRESS	1112 TURNER AV.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	TODD WEAVER DIRECTOR
NAME	
STREET ADDRESS	1051 LAKE BELL DR.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	SEC.
NAME	JOHN O'GRADY
STREET ADDRESS	1027 LAKE BELL DR.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	DIRECTOR
NAME	BILL COOK
STREET ADDRESS	1032 EARLY DR.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	TREASURER
NAME	J. SCOTT BODIE
STREET ADDRESS	1033 LAKE BELL DR.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/21/02 407-740-5592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #