

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003600

1. Entity Name

THE LAMPLIGHTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

6995 VENTURE CIR
ORLANDO FL 32807

6995 VENTURE CIR
ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3722301

Applied For

Not Applicable

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

GLANCY, CARMAN M
6995 VENTURE CIR
ORLANDO FL 32807

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME GLANCY, CARMAN M
STREET ADDRESS 1720 OLD 100 ROAD
CITY-ST-ZIP GENEVA FL 32732

TITLE D ☐ Change ☐ Addition
NAME ATECK, GEORGE
STREET ADDRESS 1437 72ND AVE. NE
CITY-ST-ZIP ST. PETE, FL. 33702

TITLE D ☒ Delete
NAME RUSSELL, KRISTEN
STREET ADDRESS 6736 JOHNSTOWN LOOP
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PECKO, MICHAEL
STREET ADDRESS 1960 FARRINGTON DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NELSON, TROY
STREET ADDRESS 2600 S. CONWAY RD. # 1203
CITY-ST-ZIP ORLANDO, FL.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LAMON, GARY
STREET ADDRESS 1152 VINA LANE
CITY-ST-ZIP APOPKA, FL. 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHYMAKAR, WAYNE
STREET ADDRESS 2573 N. FORSYTH RD.
CITY-ST-ZIP ORLANDO, FL. 32807

TITLE ☐ Change ☐ 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:

Carmen M. Glancy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

407-657-3880

Daytime Phone #

CR2E037 (9/01)