

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90062 029 \*\*\*\*61.25

**DOCUMENT # N09312**

1. Entity Name

**LIVING STONE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

13640 GREEN ISLE CT.  
 P.O. BOX 121400  
 CLERMONT FL 34712-0400

13640 GREEN ISLE CT.  
 P.O. BOX 121400  
 CLERMONT FL 34712-1400

2. Principal Place of Business

212 Bay Tree Blvd.

3. Mailing Address

212 Bay Tree Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tavares, FL 32778

City & State

Tavares, FL 32778

4. FEI Number

59-2551051

Applied For

Not Applied For

Zip

Country  
Lake

Zip

Country  
Lake

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LYND, JOHN W. SR.  
~~4527 STILWELL DR.~~ → new address:  
~~ORLANDO FL 32812~~ 212 Bay Tree Blvd.  
 Tavares, FL 32778

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	DP	<input type="checkbox"/> Delete
NAME	LYND, JOHN W. SR	
STREET ADDRESS	4527 STILWELL DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GRIFFITH, EDWARD W.	
STREET ADDRESS	12130 ELBERT ST.	
CITY-ST-ZIP	CLERMONT FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	VERNER, GEORGE, C	
STREET ADDRESS	4656 34TH ST S.W.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORRIS, BILL	
STREET ADDRESS	1706 E SEMORAN BLVD #110	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	New Mailing address	
STREET ADDRESS	212 Bay Tree Blvd	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 Required* **John W. Lynd SR** 1/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #