2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N19213** 1. Entity Name

SOUTH LAKE DEVELOPMENT COUNCIL, INC.

900 WEST HIGHWAY 50 POST OFFICE BOX 121244 CLERMONT FL 34712-8244

Principal Place of Business

Mailing Address

900 WEST HIGHWAY 50 POST OFFICE BOX 121244 CLERMONT FL 34712-8244

2. Principal Place of Business	3. Mailing Address	_
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-
City & State	City & State	-
*		_

FILED May 06, 2002 8:00 am Secretary of State

05-06-2002 90087 009 ****61.25



	lace of Business	\$ (\$@) B\$ @0 16@5 B\$ B\$ B\$ B\$ B\$ B\$ B\$ B							
Suite, Apt.	#, etc. •	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	e	City & State	City & State			4. FEI Number 59-2916291 Applied For Not Applicable			
Zip	Country	Zip	Cou	untry 5. Certificate of Status Desired Fee Required \$8.75 Additional Fee Required			litional		
-	6. Name and Address of Current F	egistered Agent			7. Name and Address of New Registered Agent				
				Name					
LENNOV LAWRENCE				Street Address (P.O. Box Number is Not Acceptable)					
•	LENNOX, LAWRENCE 10715 LAKE CLAIR CIRCLE								
	NT FL 34711		ļ	4.49		1.07			
	·			City			FL Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or regis	itered agent, or both, in	the state of Florida.	I		
	•								
0.01.470.05									
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered	Agent signature requ	ired when reinstating)	D	ATE		
			•						
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con			, .	~ —	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AN	ID DIRECTORS IN	I 10	
TITLE	P	Delete	TITLE	Pr	esident	-	☐ Change	☐ Addition	
NAME	RAY GILLEY	• •	NAM		ula Zahn	_			
STREET ADDRESS	16740 KAMALIN CT				1 E. Highwa				
CITY-ST-ZIP	CLERMONT FL	Maria			ermont, FL	34711	- Change	Addition	
TITLE NAME	AUGUSTINE, ED	Delete	TITLÉ NAMI			resident/ Director			
STREET ADDRESS	10462 CIR 561A			An	ita Walker 5 West Min	n o o 1 n A + + o +	2110		
CITY-ST-ZIP	CLERMONT FL		CITY-		o west Min ermont, LF				
TITLE	D	Delete	^ TITLE		easurer/Di		☐ Change	Addition	
NAME	HORTON, DENNIS L.	,	NAMI	و را ا	vid P. Bati				
STREET ADDRESS	12 ELDERBERRY COURT			FLAGURESS I	00 CR 561				
CITY-ST-ZIP	CLERMONT FL	Y -6	_	$-c_1$	ermont, FL	34711	Change	Addition	
TITLE	D LAWRENCE LENNOX	- Delete	TITLE		cretary/Di		☐ Change	☐ Addition	
NAME STREET ADDRESS	10715 LAKE CLAIR CIRCLE	• •			gie Langle				
CITY-ST-ZIP	CLERMONT FL			-ST-ZIP 19	73 Brantle	y Circle,	Clermon	t,FL	
TITLE		☐ Delete	TITLE			34711	☐ Change	Addition	
NAME	}		NAM					1	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE	I			☐ Change	Addition	
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS			·	j	
CITY-ST-ZIP				-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 of 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 of the compowered.

SIGNATURE

David P. Batman, Treasurer