# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24035

1. Entity Name

LAKE COUNTY CONSERVATION COUNCIL, INCORPORATED

**FILED**
**Mar 06, 2000 8:00 am**
**Secretary of State**
03-06-2000 90083 018 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 1118 OLD MT DORA ROAD<br>EUSTIS FL 32726<br>US | 1118 OLD MT DORA RD<br>EUSTIS FL 32726-7319<br>US |

DO NOT WRITE IN THIS SPACE

| 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 23-7109084 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

RUTH, GRAY
33325 E. LAKE JEANNA DR.
EUSTIS FL 32736

**7. Name and Address of New Registered Agent**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>RUTH, GRAY<br>33325 E. LAKE JOANNA DR.<br>EUSTIS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TURVILLE JR., HAROLD<br>150 W MINNEHAHA AVENUE<br>CLERMONT FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>SCHNEIDER, MARK<br>13224 CASPER LANE<br>CLERMONT FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/S<br>Marilynn Abbey<br>1112 W. Main St., E-5<br>Leesburg, FL 34748-4945 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BENTON, JOHN<br>1118 OLD MT DORA RD<br>EUSTIS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>YOKEL, BERNIE<br>313 POND RD<br>MT. DORA FL 32757 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FOLEY, NADINE D<br>19001 TWIN PONDS RD.<br>UMATILLA FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Anne Resnick<br>31739 Tropical Shore Dr.<br>Tavares, FL 32778 | ☐ Change ☒ Addition |

CR2E037 (9/99)

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 Ruth Gray 3/3/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #