

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24182

1. Entity Name

LAKE CARE SYSTEMS, INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90021 038 \*\*\*\*70.00

Principal Place of Business

Mailing Address

445 WATERMAN AVENUE  
MOUNT DORA FL 32757

445 WATERMAN AVENUE  
MOUNT DORA FL 32757-9518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2867652

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEIGH, RICHARD A  
1801 LEE RD  
STE 360  
WINTER PARK FL 32789

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 PCS ☐ Delete  
NAME LEIGH, RICHARD A  
STREET ADDRESS 1801 LEE RD, STE 360  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ASD ☐ Change ☒ Addition  
NAME SKILTON, GARY  
STREET ADDRESS 111 N ORLANDO AVE  
CITY-ST-ZIP WINTER PARK, FL 32789-3675

TITLE TD ☐ Delete  
NAME MCDONALD, ANDY PASTOR  
STREET ADDRESS FLORIDA HOSPITAL-SDA CHURCH, 2800 N. ORANG  
CITY-ST-ZIP ORLANDO FL 32804

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

TITLE AS ☐ Delete  
NAME STEWART, BRADLEY T  
STREET ADDRESS 445 WATERMAN AVENUE  
CITY-ST-ZIP MOUNT DORA FL 32757

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

TITLE VSD ☐ Delete  
NAME CARUBBA, HENRY J  
STREET ADDRESS 1672 SWEETWATER WEST CIRCLE  
CITY-ST-ZIP APOPKA FL 32703

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

TITLE ASD ☐ Delete  
NAME SCHMIDT, HAROLD H  
STREET ADDRESS 2201 WEST LAKE BRANTLEY DRIVE  
CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE ASD ☒ Delete  
NAME THOMPSON, ROYCE  
STREET ADDRESS 1920 EDGEWATER DR  
CITY-ST-ZIP MT DORA FL 32757

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: Brad Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date

352-383-0051

Daytime Phone #

CR2E037 (9/99)