

FILED

Jun 20, 2001 8:00 am
Secretary of State

05-17-2001 91302 020 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26036

1. Entity Name

LAKE-SUMTER INTERGROUP, INC.

Principal Place of Business

1003 E. N. BLVD.
SUITE 2
LEESBURG FL 34748
US

Mailing Address

1003 E. NORTH BLVD.
SUITE 2
LEESBURG FL 34748
US

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

59-2896099

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, JERRY
36920 SKYCREST BLVD
FRUITLAND PARK FL 34731

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 use if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNN, GEORGE	
STREET ADDRESS	2215 LAKESHORE DR	
CITY-ST-ZIP	MOUNT DORA FL 32757	

TITLE	D	<input type="checkbox"/> Delete
NAME	BALLARD, JIM	
STREET ADDRESS	704 COACHWOOD EAST	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLDS, JUDY	
STREET ADDRESS	629 CEDAR LANE	
CITY-ST-ZIP	LADY LAKE FL 32159	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, PEGGY	
STREET ADDRESS	1217 E SCHWARTZ BLVD	
CITY-ST-ZIP	LADY LAKE FL 32159	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chairman	
STREET ADDRESS	John Warner	
CITY-ST-ZIP	1216 CAMERO DR The Villages, FL 32159	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice-Chairman	
STREET ADDRESS	Bob Ellison	
CITY-ST-ZIP	1761 W Schwartz Blvd Lady Lake, FL 32159	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Trish Pospisil	
CITY-ST-ZIP	1523 GROVE AVE Leesburg, FL 34748	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	William H. Woodall	
CITY-ST-ZIP	03510 SAILFISH AVE Fruitland Park, FL 34731	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

WILLIAM H. WOODALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

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352-326-