

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90207 019 ****61.25

DOCUMENT # N26036

1. Entity Name

LAKE-SUMTER INTERGROUP, INC.



Principal Place of Business

**2115-1 CITRUS BLVD.
LEESBURG FL 34748
US**

Mailing Address

**2115-1 CITRUS 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

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**BROWN, JERRY
36920 SKYCREST BLVD
FRUITLAND PARK FL 34731**

Name

JAMES T. BALLARD

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

**704 COACHWOOD EAST
LEESBURG**

FL

Zip Code
34748

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JAMES T. BALLARD SR.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, JIM 704 COACHWOOD EAST LEESBURG FL 34748	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ELLISON, BOB 1761 W SCHWARTZ BLVD LADY LAKE FL 32159	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POSPISIL, TRISH 1523 GROVE AVENUE LEESBURG FL 34748	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUTH SCHURMAN 25 PALM DR. YALAHUA, FL. 34797	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODALL, WILLIAM H 03510 SAILFISH AVENUE FRUITLAND PARK FL 34731	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: **ROBERT E. ELLISON** **ROBERT E. ELLISON** 352-753-8138

CR2E037 (10/02)