

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 29, 2002 8:00 am
Secretary of State

01-31-2002 90072 036 ****61.25

DOCUMENT # N30076

1. Entity Name

**FRIENDS OF THE LAKE COUNTY HORTICULTURAL LEARNIN
G CENTER, INC.**

Principal Place of Business

Mailing Address

LAKE COUNTY AGRICULTURAL CENTER
30205 STATE ROAD 19
TAVARES FL 32778-4299

LAKE COUNTY AGRICULTURAL CENTER
30205 STATE ROAD 19
TAVARES FL 32778-4299

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

59-2986543

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

**DEGUTIS, ERIN
482 SOUTH KELLER ROAD
ORLANDO FL 32810**

Name

Henley, Richard

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

690 Canekhua Street

City

Mount Dora

FL

Zip Code

32757

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

Richard W. Henley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 7, 2002

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	D	<input type="checkbox"/> Delete
NAME	YOWLER, PAULINE	
STREET ADDRESS	216 MAGNOLIA CIRCLE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KAUFMAN, JOYCE	
STREET ADDRESS	2780 PRIVADA DR	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINGLETON, LLOYD	
STREET ADDRESS	38935 FRENCH LANE	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENLEY, RICHARD	
STREET ADDRESS	690 CAMELLIA STREET	
CITY-ST-ZIP	MT. DORA FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEGUTIS, ERIN	
STREET ADDRESS	2001 OLD HWY 441 STE 1	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HIPSLEY, SUDI	
STREET ADDRESS	6816 TUSCAWILLA DR	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gaut, Carla	
STREET ADDRESS	1419 Beverly Point Rd	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Strauss, Joan	
STREET ADDRESS	3948 Cactus Ln	
CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE	PD	<input checked="" 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	Guch, Susan	
STREET ADDRESS	933 N Alexander St	
CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE	VD	<input checked="" 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:

Joan Strauss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-343-4101

Date **1-14-02** Daytime Phone #

CR2E037 (9/01)