

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90009 032 ****61.25

DOCUMENT # N37590

1. Entity Name

HIS FELLOWSHIP OF LAKE COUNTY, FLORIDA, INC.

Principal Place of Business

Mailing Address

2809 SUNRISE ROAD
 LADY LAKE FL 32159
 US

% JAMES HANSON
 400 W. MIRROR LAKE DRIVE
 FRUITLAND PARK FL 34731-4201
 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

59-3097437

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNSTAN, DAVID
 112 NORTH 12TH STREET
 LEESBURG FL 34748

Name **JAMES HANSON**

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

400 W. MIRROR LAKE DRIVE

City **FRUITLAND PARK**

FL

Zip Code **34731-4201**

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 James Dawson **JAMES HANSON** **DIRECTOR** **1-11-2000**
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, JAMES	NAME	
STREET ADDRESS	400 W. MIRROR LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK, STEVE	NAME	
STREET ADDRESS	2120 CHESAPEAKE PL	STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL 32735	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNSTAN, DAVID	NAME	
STREET ADDRESS	112 NORTH 12TH STREET	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, AL	NAME	
STREET ADDRESS	802 NORTH SHORE DR	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: James Dawson **RES JAMES HANSON** **1-11-2000** **352-753-7997**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)