2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 10, 2000 8:00 am
Secretary of State
06-16-2000 90293 025 ****61.25

DOCUMENT # N38286

1. Entity Name

LAKE COUNTY FRATERNAL ORDER OF POLICE, LODGE #14

Principal Place of Business	Mailing Address
~~6838 C.R. 44~~ ~~LEESBURG FL 34748~~ US	P.O. BOX 1050 TAVARES FL 32778-1050 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
101 West Main Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tavares FL	City & State
Zip: 32778 Country: ~~Lake~~	Zip Country

4. FEI Number: 59-3037961 ☐ 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
JOHNSON, CHARLES D. 907 WEBSTER STREET LEESBURG FL 32748	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEHAHAN, JOSEPH L 14915 OLD HWY 441 TAURES FL 32775	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHRELBER, VANEESE C P.O. BOX 895091 LEESBURG FL 34789-5091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCDONALD, JACK E 28015 SR 46 SORRENBY FL 32776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~BECK, GAYLE R~~ ~~2810 CARTER JONES RD.~~ ~~GROVELAND FL 34736~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOHENSTEIN, JAMES F. P.O. Box 536, Bridges Rd OKahumpka, FL 34762 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PETERSON, M.W. 32702 BLOSSOM LANE LEESBURG FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAKER, SHEILA 544 E. 11TH AVE. MT. DORA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED James Hohenstein, Treasurer — 06-01-00 — 352-243-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #