

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90065 027 \*\*\*\*61.25

00015674



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N38286**

1. Entity Name

**LAKE COUNTY FRATERNAL ORDER OF POLICE, LODGE #14**

Principal Place of Business

**101 WEST MAIN STREET  
TAVARES FL 32778  
US**

Mailing Address

**P.O. BOX 1050  
TAVARES FL 32778  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LEAHAN, JOSEPH L	
STREET ADDRESS	14915 OLD HWY 441	
CITY-ST-ZIP	TAURES FL 32775	

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHRELBER, VANESE C	
STREET ADDRESS	P.O. BOX 895091	
CITY-ST-ZIP	LEESBURG FL 34789-5091	

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	MCDONALD, JACK E	
STREET ADDRESS	28015 SR 46	
CITY-ST-ZIP	SORRENBY FL 32776	

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

TITLE	T	<input type="checkbox"/> Delete
NAME	JOHENSTEIN, JAMES F	
STREET ADDRESS	P.O. BOX 536, BRIDGES RD.	
CITY-ST-ZIP	OKAHUMPKA FL 34762	

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

TITLE	T	<input type="checkbox"/> Delete
NAME	PETERSON, M.W.	
STREET ADDRESS	32702 BLOSSOM LANE	
CITY-ST-ZIP	LEESBURG FL 34788	

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

TITLE	T	<input type="checkbox"/> Delete
NAME	BAKER, SHEILA	
STREET ADDRESS	544 E. 11TH AVE.	
CITY-ST-ZIP	MT. DORA FL	

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-01

Date

3523435858

Daytime Phone #

CR2E037 (10/00)