

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90117 046 \*\*\*\*61.25

**DOCUMENT # N38286**

1. Entity Name

**LAKE COUNTY FRATERNAL ORDER OF POLICE, LODGE #14  
 2, INC.**

Principal Place of Business

Mailing Address

~~101 WEST MAIN STREET~~ **1659 E ALFRED ST.**  
 TAVARES FL 32778  
 US

P.O. BOX 1060  
 TAVARES FL 32778  
 US

2. Principal Place of Business

3. Mailing Address

**1659 E ALFRED ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**TAVARES, FL**

Zip

Country

Zip

Country

**32778**

**LAKE**

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** ☐ Delete  
 NAME **LEAHAN, JOSEPH L**  
 STREET ADDRESS **14915 OLD HWY 441**  
 CITY-ST-ZIP **TAURES FL 32775**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **SCHRELBER, VANESE C**  
 STREET ADDRESS **P.O. BOX 895091**  
 CITY-ST-ZIP **LEESBURG FL 34789-5091**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **MCDONALD, JACK E**  
 STREET ADDRESS **28015 SR 46**  
 CITY-ST-ZIP **SORREBY FL 32776**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **JOHENSTEIN, JAMES F**  
 STREET ADDRESS **P.O. BOX 536, BRIDGES RD.**  
 CITY-ST-ZIP **OKAHUMPKA FL 34762**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **PETERSON, M.W.**  
 STREET ADDRESS **32702 BLOSSOM LANE**  
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **BAKER, SHEILA**  
 STREET ADDRESS **544 E. 11TH AVE.**  
 CITY-ST-ZIP **MT. DORA FL**

TITLE ☐ Change ☐ 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02**  
 Date

**352-516-6894**  
 Daytime Phone #

CR2E037 (9/01)