

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44984

1. Entity Name

LAKE COUNTY RAIL TRAILS, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90072 001 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1863
MT. DORA FL 32756
US

P.O. BOX 1863
MT. DORA FL 32756-1863
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

59-3864324

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

REED, AUDREY
23413 N BUCKHILL RD.
HOWEY-IN-THE-HILLS FL 34737

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

Henry N. Lawrence III

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

(NOTE: Registered Agent signature required when reinstating)

4-17-2000

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REED, AUDREY	
STREET ADDRESS	11148 REED ROAD	
CITY-ST-ZIP	HOWEY-IN-HILLS FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KEENAN, BOBBI	
STREET ADDRESS	909 SOUTH NINTH ST	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISHER, ELOISE	
STREET ADDRESS	327 LAURA LANE	
CITY-ST-ZIP	MT DORA FL	
TITLE	Henry Lawrence	<input type="checkbox"/> Delete
NAME	President	
STREET ADDRESS	428 Bonnelly St. MT. Dora FL	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	Irene Rand	<input type="checkbox"/> Delete
NAME	Secretary	
STREET ADDRESS	426 S. 9TH ST.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	Craig Willis	<input type="checkbox"/> Delete
NAME	Vice President	
STREET ADDRESS	MT. Dora Chamber of Comm.	
CITY-ST-ZIP	MT. Dora FL 32757	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James R. Fisher	
STREET ADDRESS	327 Laura Ln. MT. Dora FL	
CITY-ST-ZIP	327 Laura Ln. MT. Dora FL	
TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry Lawrence	
STREET ADDRESS	MT. DORA FL	
CITY-ST-ZIP	MT. DORA FL	
TITLE	Irene Rand, Sect.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	426 S. 9TH ST.	
STREET ADDRESS	LEESBURG FL 32748	
CITY-ST-ZIP	LEESBURG FL 32748	
TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Willis	
STREET ADDRESS	MT. Dora Chamber of Comm.	
CITY-ST-ZIP	MT. Dora, FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(James R. Fisher)
17 APR 12 2000

(353) 343-4043