

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50054

1. Entity Name

SILENT NEIGHBORS OF LAKE COUNTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 70
TAVARES FL 32778

P.O. BOX 911
TAVARES FL 32778-0911

2. Principal Place of Business

P.O. Box 911

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAVARES, FL.

City & State

4. FEI Number

59-3121653

Applied For

Not Applicable

Zip
32778

Country
Lake

Zip

Country

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

GOODMAN ZOANN
31849 BLANTON LN
TAVARES FL 32778

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

T
TICE, SANDRA
321 MARINO DRIVE
LADY LAKE FL 32159

☐ Change ☐ Addition

VPD
KEGAN, FAYE
2405 WINONA AVE
LEESBURG FL 34748

SD
Kegan, Faye
2405 Winona Ave.
Leesburg, FL. 34748
☒ Change ☐ Addition

D
DEERY, JASON
38833 MCKINNEY ROAD
LADY LAKE FL 32159

☐ Change ☐ Addition

S
BELTZER, DAVID
314 OAK LANE PASS
OCALA FL 34472

VP
Beltzer, David
314 Oak Lane Pass
Ocala, FL. 34472
☒ Change ☐ Addition

PD
GOODMAN, ZOANN
31849 BLANTON LANE
TAVARES FL 32778

☐ Change ☐ Addition

D
NELSON, JOHN
317 SANTA CLARA CIRCLE
LADY LAKE FL 32159

☐ Change ☐ Addition

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:

Zoann
Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90005 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)