

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003839

1. Entity Name

LAKE COUNTY SYMPHONY BOARD, INC.

Principal Place of Business

300 LAKE ELLA RD.
FRUITLAND PARK FL 34731
US

Mailing Address

PO BOX 493107
LEESBURG FL 34749-3107
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3198019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDEZ, ANITA
300 LAKE ELLA RD.
FRUITLAND PARK FL 34731

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VALDEZ, ANITA
300 LAKE ELLA RD.
FRUITLAND PARK FL 34731
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
TOWNSEND, JANE
820 PALM HARBOR CT.
LEESBURG FL 34748
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
STEWART, KRIS
34415 KINGFISH
FRUITLAND PARK FL 34731
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FABER, ALADA
1106 N PALMETTO ST
LEESBURG FL 34748
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KESLER, JANE
5647 OHIO AVE
LADY LAKE FL 32159
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ANDREWS, BECKY
33640 OVERTON DR
LEESBURG FL 34788
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01

Date

(352) 728-4624

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)