

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002057

1. Entity Name

SHARE-A-HOME OF LAKE COUNTY, INC.

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90006 037 ****61.25

31236

Principal Place of Business

Mailing Address

1242 N ALEXANDER ST
MOUNT DORA FL 32757
US

1242 N ALEXANDER ST
MOUNT DORA FL 32757
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

59-3249622

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

HUMMELL, LUCY
1242 N ALEXANDER ST
MOUNT DORA FL 32757

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	VPD						
	HUMMELL, LUCY	1242 N ALEXANDER ST	MOUNT DORA FL 32757				
	D						
	MUELLER, PHOEBE	22555 WINTERWILLOW LA	EUSTIS FL 32726				
	SD						
	PLANT, LYNN D	1951 ARBOR WAY	MT. DORA FL 32757				
	PD						
	THURMOND, A	42021 W LAKEVIEW DR	ALTOONA FL 32702				
	TD						
	WOODS, CECIL	913 VASSAR DR	EUSTIS FL 32726				
	D						
	COLEMAN, ELIZABETH	41420 SUNSHINE AVENUE	UMATILLA FL 32784				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-02 (352) 383-8273

CR2E037 (9/01)