

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90030 017 ****61.25

DOCUMENT # N94000002057

1. Entity Name

SHARE-A-HOME OF LAKE COUNTY, INC.



Principal Place of Business

**1242 N ALEXANDER ST
MOUNT DORA FL 32757
US**

Mailing Address

**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



☐ CHECK HERE IF MAKING CHANGES

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

**HUMMELL, LUCY
1242 N ALEXANDER ST
MOUNT DORA FL 32757**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete
NAME **HUMMELL, LUCY**
STREET ADDRESS **1242 N ALEXANDER ST**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **D** ☒ Delete
NAME **MUELLER, PHOEBE**
STREET ADDRESS **22555 WINTERWILLOW LA**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **SD** ☐ Delete
NAME **PLANT, LYNN D**
STREET ADDRESS **1951 ARBOR WAY**
CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **PD** ☐ Delete
NAME **THURMOND, A**
STREET ADDRESS **42021 W LAKEVIEW DR**
CITY-ST-ZIP **ALTOONA FL 32702**

TITLE **TD** ☐ Delete
NAME **WOODS, CECIL**
STREET ADDRESS **913 VASSAR DR**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D** ☐ Delete
NAME **COLEMAN, ELIZABETH**
STREET ADDRESS **41420 SUNSHINE AVENUE**
CITY-ST-ZIP **UMATILLA FL 32784**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **TD** ☐ Change ☒ Addition
NAME **BEDSOLE, BETTY**
STREET ADDRESS **501 W Old US Hwy 441**
CITY-ST-ZIP **#C401 MOUNT DORA, FL 32757**

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **WOODS, CECIL**
STREET ADDRESS **913 VASSAR DR**
CITY-ST-ZIP **EUSTIS, FL 32726**

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:

Lucy Hummell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03 (352) 383-7104

CR2E037 (10/02)