

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004821

1. Entity Name

KEEP LAKE COUNTY BEAUTIFUL, INC.

Principal Place of Business

Mailing Address

520 CR 44 EAST  
EUSTIS FL 32757

P.O. BOX 187  
TAVARES FL 32778-0187

2. Principal Place of Business

1303 New Hampshire Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tavares, FL

City & State

4. FEI Number

59-3270540

Applied For

Not Applied For

Zip

Country

Zip

Country

32778

USA

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

GREG SMITH

520 CR 44 EAST  
EUSTIS FL 32757

Name

Street Address (P.O. Box Number is Not Acceptable)

1303 New Hampshire Ave

City

Tavares, FL

FL

Zip Code

32778

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

Gregory L. Smith Gregory L. Smith, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

1-20-00

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 M ☐ Delete  
NAME NORMAN, JOE  
STREET ADDRESS 520 CR 44 EAST  
CITY-ST-ZIP EUSTIS FL 32757

TITLE ☒ Change ☐ Addition  
NAME 1303 New Hampshire Ave  
STREET ADDRESS Tavares, FL 32778  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME NEWMAN, BARBARA  
STREET ADDRESS 1118 GLENRIDGE DR  
CITY-ST-ZIP LEESBURG FL 34778

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

TITLE D ☐ Delete  
NAME SANDY BAUM  
STREET ADDRESS 30205 S.R. 19  
CITY-ST-ZIP TAVARES FL 32778

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

TITLE D ☐ Delete  
NAME SMITH, GREG  
STREET ADDRESS 750 N CENTRAL AVE  
CITY-ST-ZIP UMATILLA FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Gregory L. Smith Gregory L. Smith, Treasurer

Date

Daytime Phone #

1-20-00

(352) 469-2121