

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0024168

DOCUMENT # N94000004821

1. Entity Name

KEEP LAKE COUNTY BEAUTIFUL, INC.

03-09-2001 90490 036 ****61.25

Principal Place of Business

Mailing Address

1303 NEW HAMPSHIRE AVE
TAVARES FL 32778

P.O. BOX 187
TAVARES FL 32778

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

59-3270540

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

GREG SMITH
1303 NEW HAMPSHIRE AVE
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

TITLE M
NAME NORMAN, JOE
STREET ADDRESS 1303 NEW HAMPSHIRE AVE
CITY-ST-ZIP TAVARES FL 32778 ☒ Delete

TITLE M
NAME Kerley, Lesa
STREET ADDRESS 1303 New Hampshire Ave.
CITY-ST-ZIP TAVARES, FL 32778 ☐ Change ☒ Addition

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

TITLE
NAME Newman, Barbara
STREET ADDRESS 4132 Bair Ave
CITY-ST-ZIP Fruitland Park, FL 34731 ☒ Change ☐ Addition

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

TITLE
NAME Baum, Sandy
STREET ADDRESS 307 Mountainview Dr
CITY-ST-ZIP FORT LAUDERDALE, FL 32726 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Sandra B. Baum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)