

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90136 031 ****61.25

DOCUMENT # N96000003197

1. Entity Name

**THE NORTH LAKE COUNTY FORTY AND EIGHT CORPORATIO
N**



Principal Place of Business

**1751 LAUREN LANE
LADY LAKE FL 32159**

Mailing Address

**1751 LAUREN LANE
LADY LAKE FL 32159**

2. Principal Place of Business

1761 W. Schwartz Blvd

Suite, Apt. #, etc.

3. Mailing Address

1761 W. Schwartz Blvd.

Suite, Apt. #, etc.

City & State

LADY LAKE, FLORIDA

City & State

LADY LAKE, FL.

Zip

32159

Country

LAKE

Zip

32159

Country

LAKE

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NIES, EDGAR W
1751 LAUREN LANE
LADY LAKE FL 32159**

7. Name and Address of New Registered Agent

Name

ROBERT E. ELLISON

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

1761 W. SCHWARTZ BLVD.

City

LADY LAKE, FL.

FL

Zip Code

32159

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 **ROBERT E. ELLISON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert E. Ellison

2-15-03

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 **D** ☐ Delete
NAME **BERUBE, JOSEPH**
STREET ADDRESS **825 HIBISCUS DR**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **D** ☐ Delete
NAME **DALTON, HOYLES**
STREET ADDRESS **719 HEATHROW AVE**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **D** ☒ Delete
NAME **NIES, EDGAR W JR**
STREET ADDRESS **1751 LAUREN LANE**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **D** ☐ Delete
NAME **WARREN, POST**
STREET ADDRESS **913 MEDIRA DR**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **D** ☐ Delete
NAME **JOHNSON, ROBERT**
STREET ADDRESS **1210 DELTORRO DR**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **D** ☒ Delete
NAME **KLUMP, ROBERT C**
STREET ADDRESS **5633 BIRD ISLAND DR**
CITY-ST-ZIP **LADY LAKE FL 32159**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☒ Addition
NAME **D**
STREET ADDRESS **RAY, HAROLD J.**
CITY-ST-ZIP **15940 SE 65th ST.
OKLAHOMA, FL. 32179**

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

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

TITLE ☐ Change ☒ Addition
NAME **ROBERT E ELLISON**
STREET ADDRESS **1761 W. SCHWARTZ BLVD.**
CITY-ST-ZIP **LADY LAKE, FL. 32159**

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: *Robert E. Ellison* **ROBERT E. ELLISON** **3-15-03** **352-753-8136**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)