

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90198 016 ****61.25

DOCUMENT # N96000004146

1. Entity Name

LADY LAKE LODGE, NO. 2793 BENEVOLENT AND PROTECT

Principal Place of Business

**P. O. BOX 0460
LADY LAKE FL 32158-0460**

Mailing Address

**P. O. BOX 0460
LADY LAKE FL 32158-0460****00012785**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **05-2249306**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILLHORN, MICHAEL D ESQ.
10935 S.E. 177TH PLACE
SUITE 204
SUMMERFIELD FL 34491**

Name

Street Address (P.O. Box Number is Not Acceptable)
13710 US Hwy 441

City

Lady Lake**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.

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T BILL L MCCROCKLIN P.E.R. 1253 GRANADA CT LADYLAKE FL 32159	<input type="checkbox"/>	ER McCarthy, Robert 2612 Ayala Way Lady Lake, FL 32159-0107	<input type="checkbox"/> <input checked="" type="checkbox"/>
T DONALD C DIAMANT 529 TARRSON BLVD LADY LAKE FL 32159	<input type="checkbox"/>	T Dennis, William L. 805 Miranda Way Lady Lake, FL 32159	<input type="checkbox"/> <input checked="" type="checkbox"/>
SEC WILEY, RALPH 9034 SE 135TH LOOP SUMMERFIELD FL 34491	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
T MISURACA, GUY B 907 CAJON CT LADY LAKE FL 32159	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
ER HART, THOMAS F 804 MIRANDA WAY LADY LAKE FL 32159	<input checked="" type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
T CONNOLLY, WILLIAM T 33922 PICCIOLA DR FRUITLAND PARK FL 34731	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>

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: *William T. Dennis* **WILLIAM T. DENNIS** **REQUIRED** **Dennis** **01/14/2001** **(352) 753-2364**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)