

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90009 007 ****61.25

DOCUMENT # N97000004388

1. Entity Name

LAKES & HILLS CHAPTER #5199 OF AMERICAN ASSOCIAT

Principal Place of Business

Mailing Address

NAZARENE CHURCH
 CLERMONT FL 34711
 US

15733 CHARTER OAKS TR
 CLERMONT FL 34711-8153
 US

B0020194



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

CLERMONT RECREATION CENTER

3. Mailing Address

BARBARA MANN

Suite, Apt. #, etc.

466 MINEOLA ST

Suite, Apt. #, etc.

12418 SCOTTISH PINE LN

City & State

CLERMONT FLORIDA

City & State

CLERMONT FLORIDA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34711

Country

LAKE

Zip

34711

Country

LAKE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATERS, JOSEPH T
 15733 CHARTER OAKS TRAIL
 CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

BARBARA MANN

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

12418 SCOTTISH PINE LN

City

CLERMONT

FL

Zip Code
 34711

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.

BARBARA L. MANN

SIGNATURE

Barbara L. Mann

PRESIDENT

1-24-2000

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WATERS, JOSEPH	
STREET ADDRESS	15733 CHARTER OAKS TR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PINETTE, HANK	
STREET ADDRESS	12723 ERYN BLVD	
CITY-ST-ZIP	CLERMONT FL 34711-8037	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALDERMAN, EVELYN	
STREET ADDRESS	103 PATRICIA STREET	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AUSMUS, ELAINE	
STREET ADDRESS	13147 SUBURBAN TERRACE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANLEY, GOLDIE	
STREET ADDRESS	12651 BRUCE HUNT RD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, NANCY	
STREET ADDRESS	2345 BASIN ST	
CITY-ST-ZIP	CLERMONT FL 34711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA MANN PD	
STREET ADDRESS	12418 SCOTTISH PINE LANE	
CITY-ST-ZIP	CLERMONT FLORIDA 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AMEL LUSK VP	
NAME	969 TODD WAY	
STREET ADDRESS	TAVARES FLORIDA 32778	
CITY-ST-ZIP		
TITLE	SAME SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Barbara L. Mann PRESIDENT

1-24-2000 352-394-8599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)