

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004388

1. Entity Name

LAKES & HILLS CHAPTER #5199 OF AMERICAN ASSOCIAT

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90028 048 ****61.25

Principal Place of Business

CLERMONT RECREATION CTR
466 MINEOLA ST
CLERMONT FL 34711
US

Mailing Address

BARBARA MANN
12418 SCOTTISH PINE LN
CLERMONT FL 34711
US

00030803



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

NOT APPLICABLE

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

MANN, BARBARA
12418 SCOTTISH PINE LN
CLERMONT FL 34711

Name

Wilson, Martha

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

4144 Kingsley St.

Clermont

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.

SIGNATURE

Martha Wilson - President

3-29-01

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 PD
NAME MANN, BARBARA
STREET ADDRESS 12418 SCOTTISH PINE LN
CITY-ST-ZIP CLERMONT FL 34711

☐ Delete

TITLE PD
NAME Wilson, Martha
STREET ADDRESS 4144 Kingsley St.
CITY-ST-ZIP CLERMONT, FL 34711

☒ Change ☐ Addition

TITLE VD
NAME LUSK, AMEL
STREET ADDRESS 969 TODD WY
CITY-ST-ZIP TAVARES FL 32778

☐ Delete

TITLE VD
NAME CAMPBELL, JUNE
STREET ADDRESS 102 Patricia St
CITY-ST-ZIP CLERMONT, FL 34711

☒ Change ☐ Addition

TITLE SD
NAME ALDERMAN, EVELYN
STREET ADDRESS 103 PATRICIA STREET
CITY-ST-ZIP CLERMONT FL 34711

☐ Delete

TITLE
NAME BURRIS, EVELYN
STREET ADDRESS 1475 10th St
CITY-ST-ZIP CLERMONT, FL 34711

☒ Change ☐ Addition

TITLE TD
NAME AUSMUS, ELAINE
STREET ADDRESS 13147 SUBURBAN TERRACE
CITY-ST-ZIP WINTER GARDEN FL 34787

☐ Delete

TITLE
NAME AUSMUS, ELAINE
STREET ADDRESS 13147 SUBURBAN TERRACE
CITY-ST-ZIP WINTER GARDEN, FL 34787

☐ Change ☐ Addition

TITLE D
NAME STANLEY, GOLDIE
STREET ADDRESS 12651 BRUCE HUNT RD
CITY-ST-ZIP CLERMONT FL 34711

☐ Delete

TITLE
NAME BURRIS, DONALD
STREET ADDRESS 1475 10th St
CITY-ST-ZIP CLERMONT, FL 34711

☒ Change ☐ Addition

TITLE D
NAME DAVIS, NANCY
STREET ADDRESS 2345 BASIN ST
CITY-ST-ZIP CLERMONT FL 34711

☐ Delete

TITLE
NAME HENDRIX NANCY
STREET ADDRESS 2142 HELMSLEY CIRCLE
CITY-ST-ZIP CLERMONT, FL 34711

☒ 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:

Martha Wilson - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3-29-01 Daytime Phone # 352-2430643

CR2E037 (10/00)