

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004396

1. Entity Name

LAKE COUNTY VOITURE 400, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90085 008 ****61.25

Principal Place of Business

Mailing Address

C/O AMERICAN LEGION POST 35
 920 S HIGHLAND ST
 MOUNT DORA FL 32757

C/O AMERICAN LEGION POST 35
 920 S HIGHLAND ST
 MOUNT DORA FL 32757-6327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3062524

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

SHUTTLEWORTH, JACK
 920 S HIGHLAND ST
 MOUNT DORA FL 32757

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	D	<input type="checkbox"/> Delete
NAME	SHUTTLEWORTH, JACK	
STREET ADDRESS	920 S. HIGHLAND ST	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFMAN, TED	
STREET ADDRESS	920 S. HIGHLAND ST	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHYNOT, FRANKLIN	
STREET ADDRESS	920 S. HIGHLAND ST	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<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 *Theodore R. Kaufman* **THEODORE R. KAUFMAN.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-00

CR2E037 (9/99)