

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006194

1. Entity Name

LAKE EDUCATIONAL AND BENEVOLENT ASSOCIATION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90020 035 *****70.00

0025023

Principal Place of Business

655 NORTH WYMORE ROAD
SUITE 101
WINTER PARK FL 32789-2865

Mailing Address

655 NORTH WYMORE ROAD
SUITE 101
WINTER PARK FL 32789-2865

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7114583

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEAL, ROBERT
655 NORTH WYMORE ROAD
SUITE 101
WINTER PARK FL 32789-2865

7. Name and Address of New Registered Agent

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

TITLE D
NAME RETZER, GORDON L
STREET ADDRESS 655 NORTH WYMORE ROAD
CITY-ST-ZIP WINTER PARK FL 32789-2865 ☒ Delete

TITLE D
NAME SEAL, ROBERT C
STREET ADDRESS 655 NORTH WYMORE ROAD
CITY-ST-ZIP WINTER PARK FL 32789-2865 ☐ Delete

TITLE D
NAME REYNOLDS, RANDEE R
STREET ADDRESS 655 NORTH WYMORE RD.
CITY-ST-ZIP WINTER PARK FL 32789-1715 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME HENDERSHOT, H. LEWIS
STREET ADDRESS 655 NORTH WYMORE ROAD
CITY-ST-ZIP WINTER PARK FL 32789-1715 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Robert Seal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/01

CR2E037 (10/00)