

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007193

1. Entity Name

LAKE COUNTY EXECUTIVE ASSOCIATION, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90075 014 ****61.25

Principal Place of Business

11234 ROSEHILL DRIVE
CLERMONT FL 34711
US

Mailing Address

11234 ROSEHILL DRIVE
CLERMONT FL 34711-8518
US

2. Principal Place of Business

614 E. Hwy 50 #242
Suite, Apt. #, etc.

3. Mailing Address

614 E. Highway 50
#242
Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

Zip

34712

Country

LAKE

Zip

34711

Country

LAKE

4. FEI Number

59-3555099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLT, MARCELLA
11234 ROSEHILL DRIVE
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

RAPPA, PATRICIA

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

614 E. Hwy 50 #242

City

CLERMONT,

FL

Zip Code

34712

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 ☐ Delete
NAME HOLT, MARCELLA
STREET ADDRESS 11234 ROSEHILL DRIVE
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☐ Delete
NAME KOCH, SUSAN
STREET ADDRESS 11234 ROSEHILL DRIVE
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☒ Delete
NAME LOVELL, POLLY
STREET ADDRESS 11234 ROSEHILL DRIVE
CITY-ST-ZIP CLERMONT FL 34711

TITLE P ☐ Delete
NAME BOYER, DAVID
STREET ADDRESS 11234 ROSEHILL DRIVE
CITY-ST-ZIP CLERMONT FL 34711

TITLE V ☒ Delete
NAME SMITH, JOE
STREET ADDRESS 11234 ROSEHILL DRIVE
CITY-ST-ZIP CLERMONT FL 34711

TITLE S ☒ Delete
NAME BOWYER, BONNY
STREET ADDRESS 11234 ROSEHILL DRIVE
CITY-ST-ZIP CLERMONT FL 34711

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Change ☒ Addition
NAME RAPPA, PATRICIA
STREET ADDRESS 614 E. Hwy 50 #242
CITY-ST-ZIP CLERMONT, FL 34711

TITLE V/D ☒ Change ☐ Addition
NAME Koch, Susan
STREET ADDRESS 1955 LK. Nellie RD.
CITY-ST-ZIP CLERMONT, FL 34711

TITLE T/D ☒ Change ☐ Addition
NAME Boyer, David A.
STREET ADDRESS 611 Palomas Ave
CITY-ST-ZIP OCOEE, FL 34761

TITLE S/D ☐ Change ☒ Addition
NAME SIMON, CORA
STREET ADDRESS 6102 LK. KIRKLAND DR.
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D ☐ Change ☒ Addition
NAME Bryant, Pathi
STREET ADDRESS 11330 HASKELL DR.
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D ☐ Change ☒ Addition
NAME Rose, Charlotte
STREET ADDRESS 736 ALPINE ST.
CITY-ST-ZIP MASCOTTA, FL 34753

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)