

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90079 036 ****61.25

DOCUMENT # N98000007193

1. Entity Name

LAKE COUNTY EXECUTIVE ASSOCIATION, INC.



Principal Place of Business

**P.O. BOX 121162
CLERMONT FL
US**

Mailing Address

**P.O. BOX 121162
CLERMONT FL
US**

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 **59-3555099**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANNU, JUDITH
9005 J. UNDERWOOD RD
CLERMONT FL 34711**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SHAFTER, JOHN**
STREET ADDRESS **P.O. BOX 121786**
CITY-ST-ZIP **CLERMONT FL 34712**

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

TITLE **V** ☐ Delete
NAME **LIGHTCAP, STEVE**
STREET ADDRESS **1698 SECOND ST**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **P** ☒ Change ☐ Addition
NAME **Lightcap, Steve**
STREET ADDRESS **1698 Second St**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **D** ☐ Delete
NAME **EARLY, CAROLE**
STREET ADDRESS **740 LAKE AVE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **S** ☒ Change ☐ Addition
NAME **Early, Carole**
STREET ADDRESS **740 Lake Ave**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **T** ☐ Delete
NAME **HANNU, JUDITH K**
STREET ADDRESS **9005 J UNDERWOOD RD**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **S** ☒ Delete
NAME **EARLY, BARBARA**
STREET ADDRESS **844 LAKE AVE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☐ Change ☒ Addition
NAME **Simon, Cora**
STREET ADDRESS **6702 Lake Kirkland Dr**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **PD** ☒ Delete
NAME **BRYAN, PATTI**
STREET ADDRESS **P O BOX 121394**
CITY-ST-ZIP **CLERMONT FL 34712**

TITLE **D** ☐ Change ☒ Addition
NAME **Cabibi, Janet**
STREET ADDRESS **12448 Lake Ridge Cir**
CITY-ST-ZIP **Clermont, FL 34711**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

CR2E037 (10/02)