

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001169

1. Entity Name

SOUTHLAKE'S ANGELS OF MERCY, INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90100 031 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1147 HAMPTON STREET  
 CLERMONT FL 34711

1147 HAMPTON STREET  
 CLERMONT FL 34711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1330 Mulholland St 1147 Hampton St  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State  
 Clermont, FL

City & State  
 Clermont, FL

4. FEE Number  
 #59-3574623

Applied For  
 Not Applicable

Zip Country 34711 Lake 34711 Lake

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

COOPER, JOY  
 1147 HAMPTON STREET  
 CLERMONT FL 34711

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  
 After September 13, 2000 min. will be \$236.25

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 MCCracken, CAROLYN J ☐ Delete  
 STREET ADDRESS 12500 LAKE RIDGE CIRCLE  
 CITY-ST-ZIP CLERMONT FL 34711

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

TITLE SD  
 NAME MCCONNELL, NETHIA ☐ Delete  
 STREET ADDRESS 937 DISSTON AVENUE  
 CITY-ST-ZIP CLERMONT FL 34711

TITLE Secretary ☒ Change ☐ Addition  
 NAME Esther Rodriguez  
 STREET ADDRESS 950 Disston St  
 CITY-ST-ZIP Clermont, FL 34711

TITLE TD  
 NAME SCHRADER, MARY ELIZABETH ☐ Delete  
 STREET ADDRESS 1394 WEST LAKE SHORE  
 CITY-ST-ZIP CLERMONT FL 34711

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Vice President-founder ☐ Change ☒ Addition  
 NAME Joy Cooper  
 STREET ADDRESS 1147 Hampton St  
 CITY-ST-ZIP Clermont, FL 34711

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Joy Cooper Joy Cooper 7-17-00 352-394-4094  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #