

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91640 001 \*\*\*\*61.25  
 05-18-2001 91640 002 \*\*\*\*\*8.75

**DOCUMENT # N99000001169**

1. Entity Name

**SOUTHLAKE'S ANGELS OF MERCY, INC.**

Principal Place of Business

1330 MILLHOLLAND ST.  
 CLERMONT FL 34711

Mailing Address

1147 HAMPTON STREET  
 CLERMONT FL 34711

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3574623**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, JOY  
 1147 HAMPTON STREET  
 CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **Joy Cooper, President**

Street Address (P.O. Box Number is Not Acceptable)  
**1147 Hampton St.**

City **Clermont**

**FL**

Zip Code  
**34711**

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

*Joy Cooper President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-30-01**

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 **PD** ☒ Delete  
 NAME **MCCRACKEN, CAROLYN J**  
 STREET ADDRESS **12500 LAKE RIDGE CIRCLE**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **S** ☒ Delete  
 NAME **RODRIGUEZ, ESTHER**  
 STREET ADDRESS **950 DISSION ST.**  
 CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **VPDF** ☒ Delete  
 NAME **COOPER, JOY**  
 STREET ADDRESS **1147 HAMPTON ST.**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition  
 NAME **Joy Cooper**  
 STREET ADDRESS **1147 Hampton St.**  
 CITY-ST-ZIP **Clermont, FL 34711** "D" "T"

TITLE **Secretary** ☒ Change ☐ Addition  
 NAME **Rodriguez, Esther**  
 STREET ADDRESS **2712 Seminole**  
 CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **Treasurer** ☒ Change ☐ Addition  
 NAME **Weston, Natalie Elizabeth**  
 STREET ADDRESS **2041 Ridgecrest Loop**  
 CITY-ST-ZIP **Clermont, FL 34711** "T"

TITLE **VPresident** ☒ Change ☐ Addition  
 NAME **mccracken, Carolyn J**  
 STREET ADDRESS **12500 Lake Ridge Circle**  
 CITY-ST-ZIP **Clermont, FL 34711** "Trustee" "T"

TITLE ☐ Change ☐ Addition  
 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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-01 241-94605**

Date

Daytime Phone #

CR2E037 (10/00)