

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 20, 2000 8:00 am
Secretary of State


06-20-2000 90006 019 ****70.00

DOCUMENT # N99000001991
 1. Entity Name
SAVE OUR LAKES COMMITTEE, INC.

Principal Place of Business Mailing Address
 1401 WEST S.R. 50 #24 1401 WEST S.R. 50 #24
 CLERMONT FL 34711 CLERMONT FL 34711

2. Principal Place of Business 3. Mailing Address
368 MONTROSE ST **PO BOX 121264**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CLERMONT, FL **CLERMONT, FL**
 Zip Country Zip Country
34711 **LAKE** **34712** **LAKE**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GRANT, JAMES H
 1401 WEST S.R. 50 #24
 CLERMONT FL 34711

7. Name and Address of New Registered Agent
 Name **KERRY L. ROSE**
 Street Address (P.O. Box Number is Not Acceptable)
10821 FOXHOLE RD
 City **CLERMONT, FL** **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 *Kerry L. Rose, Director* **KERRY L. ROSE** DATE **June 14, 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	FULLERTON, NANCY	
STREET ADDRESS	368 W. MONTROSE ST.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FORTH, CHARLENE H	
STREET ADDRESS	939 W. DESOTO ST.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SCHNEIDER, VERN H	
STREET ADDRESS	422 W. LAKESHORE DR.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, JOSEPH	
STREET ADDRESS	1132 LAKE MINNEOLA DR.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANT, JIM	
STREET ADDRESS	24 EMERALD LAKES	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, KERRY	
STREET ADDRESS	10821 FOXHOLE RD.	
CITY-ST-ZIP	CLERMONT FL 34711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAVER, PAUL	
STREET ADDRESS	2006 THE CRESCENT	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, ANN W.	
STREET ADDRESS	33428 PICCIOLA DR.	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, EILEEN	
STREET ADDRESS	3619 HAWKSHEAD DR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGE, DAVID	
STREET ADDRESS	955 BROGDEN DR.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APFELBECK, RHODA	
STREET ADDRESS	10720 DENALI DR	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, KERRY	
STREET ADDRESS	10821 FOXHOLE RD	
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: *Nancy H. Fullerton, President* **NANCY H. FULLERTON** **352-394-1839**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **June 14, 2000** Daytime Phone #

CR2E037 (9/99)

Attach
DHWA0001991
D0 64941

2000 UNIFORM BUSINESS REPORT

SAVE OUR LAKES COMMITTEE, INC.
DOCUMENT # N99000001991

BLOCK 11, ADDITIONS AND CHANGES TO OFFICERS AND DIRECTORS
IN BOX 10

D
Hertko, Martin
10019 Jacaranda Ave.
Clermont, Fl 34711

D
Jacobson, Marvin
10011 Jacaranda Ave.
Clermont, Fl 34711

D
Williams, Vincent
3619 Hawkshead Dr.
Clermont, Fl 34711
