

DOCUMENT # N99000002548

1. Entry Name

LAKE COUNTY ASSOCIATION OF REAL ESTATE PROFESSIO

FILED

00 NOV -3 PM 12:30

SECRETARY OF STATE
FLORIDA

Principal Place of Business

Mailing Address

3740 CHESLEY AVE.
UMATILLA FL 32784PO BOX 301
UMATILLA FL 32784-0301

32 W Chesley Ave EUSTIS FL 32726

2. Principal Place of Business

3. Mailing Address

3740 CHESLEY AVE

PO BOX 301 UMATILLA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

UMATILLA

UMATILLA

Zip

Country

Zip

Country

32784

USA

32784

USA

4. FEI Number

Applied For
☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

HEIM, GUS
3740 CHESLEY AVE.
UMATILLA FL 3278432 W Chesley Ave
EUSTIS FL 32726

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Gus Heim	☐ Delete
NAME	32 W. Chesley Ave	
STREET ADDRESS	EUSTIS FL 32726	
CITY-ST-ZIP		

TITLE	Gus Heim	☐ Delete
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Gus Heim	☐ Delete
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Gus Heim	☐ Change ☐ Addition
NAME	32 W. Chesley Ave	
STREET ADDRESS	EUSTIS FL 32726	
CITY-ST-ZIP		

TITLE	ROBERT SKINNER	☐ Change ☐ Addition
NAME	39255 ROSE ST	
STREET ADDRESS	UMATILLA FL 32784	
CITY-ST-ZIP		

TITLE	WENDY L. QUENNEVILLE	☐ Change ☐ Addition
NAME	17140 OVERLOOK DRIVE	
STREET ADDRESS	MT DORA FL 32757	
CITY-ST-ZIP		

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

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)(f), 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 officers empowered.

SIGNATURE:

SIGNATURE: Gus Heim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 April 2000

352
3573099

Date

Certified Public

TO REGISTER "NAME" WITH YOUR DEPARTMENT