

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000087055**

1. Entity Name

ANGEL WINGS OF LAKE COUNTY, INC.**FILED**
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90033 019 ***150.00

Principal Place of Business

**402 SOUTH LONE OAK DRIVE
LEESBURG FL 34748**

Mailing Address

**402 SOUTH LONE OAK DRIVE
LEESBURG FL 34748-5414****A0003932**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BELLEVIEW FL

City & State

BELLEVIEW FL

4. FEI Number

59-3553002

Applied For

Not Applicable

Zip

34420

Country

MARION

Zip

34420

Country

MARION5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALCUBILLA, MATER D
402 SOUTH LONE OAK DRIVE
LEESBURG FL 34748**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALCUBILLA, MATER D	
STREET ADDRESS	402 SOUTH LONE OAK DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATER D ALCUBILLA PRES. 1-6-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #