

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087055

1. Entity Name
ANGEL WINGS OF LAKE COUNTY, INC.

Principal Place of Business
6333 SE BABB ROAD
BELLEVUE FL 34420

Mailing Address
6333 SE BABB ROAD
BELLEVUE FL 34420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3553002

Applied For

Not Applicable

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

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALCUBILLA, SERGIO J III	
STREET ADDRESS	5524 Indiana Drive	
CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	A Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALCUBILLA, MATER K.	
STREET ADDRESS	5524 Indiana Drive	
CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALCUBILLA, REKTER John	
STREET ADDRESS	5524 Indiana Drive	
CITY-ST-ZIP	Lady Lake FL 32159	
TITLE	BUSINESS AUDITOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, LUIS Jr.	
STREET ADDRESS	5524 Indiana Dr.	
CITY-ST-ZIP	Lady Lake FL 32159	
TITLE	Asst. Auditor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS SHERY	
STREET ADDRESS	5524 Indiana Drive	
CITY-ST-ZIP	Lady Lake FL 32159	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 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 Alcupilla
ALCUBILLA, MATER D

1/31/01

(352) 347 9293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0548150