

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90012 027 ****61.25

DOCUMENT # 727358

1. Entity Name

BOYS & GIRLS CLUBS OF LAKE & SUMTER COUNTIES, IN

Principal Place of Business

Mailing Address

400 EXECUTIVE BLVD
 LEESBURG FL 34748

P.O. BOX 491527
 LEESBURG FL 34749-1527

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7318039

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~GUNNIN, WILLIAM J JR
 400 EX. BLVD.
 LEESBURG FL 34748~~

7. Name and Address of New Registered Agent

Name **BETH H. WORK**
 Street Address (P.O. Box Number is Not Acceptable)
400 EXECUTIVE BLVD
 City **LEESBURG** FL Zip Code **34748**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, STEPHEN W.	
STREET ADDRESS	P. O. BOX 491357 N/A	
CITY-ST-ZIP	LEESBURG FL 34749	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HALL, ANN	
STREET ADDRESS	1237 VEECH RD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BATHOLOMEW, JAY	
STREET ADDRESS	431 US HWY441	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEEKLEY, LINDA	
STREET ADDRESS	900 N 14TH ST	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAAS, SPARKMAN	
STREET ADDRESS	P O BOX 490240	
CITY-ST-ZIP	LEESBURG FL 34749	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUNNIN, WILLIAM	
STREET ADDRESS	PO BOX 491527	
CITY-ST-ZIP	LEESBURG FL	

TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beth H. Work	
STREET ADDRESS	PO BOX 491527	
CITY-ST-ZIP	LEESBURG, FL 34749	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradley L. Weber	
STREET ADDRESS	PO BOX 490047	
CITY-ST-ZIP	LEESBURG, FL 34749	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Knowles	
STREET ADDRESS	1405 S. 14 St	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO BOX 628096	
CITY-ST-ZIP	ORLANDO, FL 32897	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Strong	
STREET ADDRESS	306 S 6 St	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN SIMMONS	
STREET ADDRESS	PO BOX 490480	
CITY-ST-ZIP	LEESBURG FL 34748	

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:

Beth H. Work
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

352-787-0053

Daytime Phone #

CR2E037 (9/99)