

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

0062418

DOCUMENT # 727358

1. Entity Name

BOYS & GIRLS CLUBS OF LAKE & SUMTER COUNTIES, IN

01-24-2001 90021 021 ****61.25

Principal Place of Business

Mailing Address

**400 EXECUTIVE BLVD
 LEESBURG FL 34748**

**P.O. BOX 491527
 LEESBURG FL 34749-1527**

UUUU718U



DO NOT WRITE IN THIS SPACE

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORK, BETH H
 400 EXEC. BLVD
 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

**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. *See next page* ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | KNOWLES, DAVID | |
| STREET ADDRESS | 1405 S. 14TH ST. | |
| CITY-ST-ZIP | LEESBURG FL 34749 | |
| TITLE | ED | <input type="checkbox"/> Delete |
| NAME | WORK, BETH H | |
| STREET ADDRESS | P O BOX 491527 | |
| CITY-ST-ZIP | LEESBURG FL 34748 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WEBER, BRADLEY L | |
| STREET ADDRESS | P O BOX 490047 | |
| CITY-ST-ZIP | LEESBURG FL 34749 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | WEEKLEY, LINDA | |
| STREET ADDRESS | P O BOX 628096 | |
| CITY-ST-ZIP | ORLANDO FL 32897 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | STRONG, SCOTT | |
| STREET ADDRESS | 306 S. 6TH ST. | |
| CITY-ST-ZIP | LEESBURG FL 34749 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SIMMONS, DEAN | |
| STREET ADDRESS | P O BOX 490480 | |
| CITY-ST-ZIP | LEESBURG FL 34748 | |

| | | |
|----------------|----------------------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <i>Vice President + Director</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01 352-787-0053

Date Daytime Phone #

CR2E037 (10/00)

Attachment Sheet 5

727358

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Boys & Girls Clubs of Lake and Sumter Counties, Inc.

FEI Number: 23-7318039

Additional Officers and Directors:

Title: Treasurer and Director

Name: Rob English

Address: PO Box 866
Leesburg, FL 34749