

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90104 041 ****70.00

DOCUMENT # 750806
 1. Entity Name
LAKE-SUMTER COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business Mailing Address
9501 US HWY 441 LEESBURG FL 34788 **9501 US HWY 441 LEESBURG FL 34788**

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 **59-1990323** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WESTRICK, ROBERT DR
33013 DAMON COURT
LEESBURG FL 34788

7. Name and Address of New Registered Agent
 Name **Brandenburg, Rosanne**
 Street Address (P.O. Box Number is Not Acceptable) **05330 Magnolia Ridge Road**
 City **Fruitland Park FL** Zip Code **34731**

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 *Rosanne Brandenburg* DATE **1-18-02**
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE HILL, JENNIFER 9732 FAIRWAY CIRCLE LEESBURG FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD WINCHESTER, LINDA 8878 U. S. HIGHWAY 301 WILLWOOD FL 34785 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, DREW F P. O. BOX 1320 UMATILLA FL 32784 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WESTRICK, ROBERT 9501 US HWY 441 LEESBURG FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hill, Jennifer 9732 Fairway Circle Leesburg, FL 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Purdum, Rosemary 33703 Overton Drive Leesburg, FL 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Morris, Tim 9605 Silver Lake Drive Leesburg, FL 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Hall, F. Drew P.O. Drawer 1320 Umatilla, FL 32784 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rosanne Brandenburg* DATE: **1-18-02** DAYTIME PHONE: **352.365.3518**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)