

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-22-2002 90263 034 ****61.25

DOCUMENT # 727358

1. Entity Name
BOYS & GIRLS CLUBS OF LAKE & SUMTER COUNTIES, IN C.

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
 Zip Country Zip Country

4. FEI Number **23-7318039** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
WORK, BETH H
400 EXEC. BLVD
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 _____ DATE _____
 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	VD	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, DAVID	
STREET ADDRESS	1405 S. 14TH ST.	D
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 checked="" type="checkbox"/> Delete
NAME	WEBER, BRADLEY L	
STREET ADDRESS	P O BOX 490047	D
CITY-ST-ZIP	LEESBURG FL 34749	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEEKLEY, LINDA	Remains
STREET ADDRESS	P O BOX 628098	D
CITY-ST-ZIP	ORLANDO FL 32897	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STRONG, SCOTT	
STREET ADDRESS	308 S. 6TH ST.	D
CITY-ST-ZIP	LEESBURG FL 34749	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, DEAN	
STREET ADDRESS	P O BOX 490480	D
CITY-ST-ZIP	LEESBURG FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURIE SHAW	
STREET ADDRESS	8130 CR 44A	D
CITY-ST-ZIP	LEESBURG, FL 34749	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN THOMAS	
STREET ADDRESS	P O BOX 699	D
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM SENNETT	
STREET ADDRESS	P O BOX 491308	D
CITY-ST-ZIP	LEESBURG, FL 34749	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY BROWN	
STREET ADDRESS	7610 SR 471	D
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBERLY SHULTE	
STREET ADDRESS	720 W MAGNOLIA	D
CITY-ST-ZIP	LEESBURG, FL 34748	
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)(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 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 **BETH H. WORK** **EXECUTIVE DIRECTOR** **4-30-02** **352-787-0053**
 Signature and typed or printed name of signing officer and title Date Daytime Phone #

CR2E037 (9/01)