2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
02-21-2000 90042 006 ****61.25

DOCUMENT # 718623

1. Entity Name

DEFENDERS OF CROOKED LAKE, INC.

Principal Place of Business	Mailing Address
1240 SEMINOLE RD. BABSON PARK FL 33827	PO BOX 191 BABSON PARK FL 33827-0191 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1430 North Crooked Lake Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Babson Park	
City & State: FL	City & State
Zip: 33827 Country: Polk	Zip Country

4. FEI Number 59-2522730 ☐ 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
HAIN, DAVID 1240 SEMINOLE RD. BABSON PARK FL 33827	Name: Tom Schotman Street Address (P.O. Box Number is Not Acceptable): 1430 North Crooked Lake Drive City: Babson Park FL Zip Code: 33827

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: Thomas S Schotman PD DATE: 2-9-00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROSE, ROGER 922 MANGHAM RD. BABSON PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Tom Schotman 1430 North Crooked Lake Drive Babson Park, FL 33827	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCKEEMAN, PATTY 211 CATHERINE AVE BABSON PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAIN, DAVID 1240 SEMINOLE RD. BABSON PARK FL 33827	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

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 REQUIRED 2-14-00 863-638-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #