

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90060 036 ****61.25

DOCUMENT # 733607

1. Entity Name

LAKE AGRICULTURE AND YOUTH FAIR ASSOCIATION, INC

Principal Place of Business

Mailing Address

P.O. BOX 221
 EUSTIS FL 32727-0221

P.O. BOX 221
 EUSTIS FL 32727-0221

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

59-0648175

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

NORRIS, C E
26050 CR 46 A
SORRENTO FL 32776

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **BURNS, KATHY**
 CITY-ST-ZIP **7904 BAY LANE RD**
GROVELAND FL 34736

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **OSTEEN, ROY**
 CITY-ST-ZIP **4748 BIG OAK RD**
CLERMONT FL 34711

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **LASHER, RICHARD**
 CITY-ST-ZIP **PO BOX 339**
OKAHUMPKA FL 34762

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **36909 Quarters Rd**
 CITY-ST-ZIP **Okahumpka FL 34762**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **DUNCAN, BRUCE**
 CITY-ST-ZIP **456 W 10TH AVE**
MT. DORA FL 32757

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **BLAKE, C DON**
 CITY-ST-ZIP **PO BOX 21**
TAVARES FL 32778

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **28833 Columbia Rd.**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

2-8-02

Date

(352)

394-6465

Daytime Phone #

CR2E037 (9/01)