

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765638

1. Entity Name

LAKE KATHRYN RECREATION CLUB, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90104 026 ****61.25

Principal Place of Business

Mailing Address

45531 PENNSYLVANIA ST.
 P.O. BOX 207
 PAISLEY FL 32767-7207

45531 PENNSYLVANIA ST.
 P.O. BOX 207
 PAISLEY FL 32767-0207



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

NOT APPLICABLE

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

HAYLETT, GEORGE
45811 DEER STREET
PAISLEY FL 32767

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	DT	<input type="checkbox"/> Delete
NAME	SIMON, HAROLD	
STREET ADDRESS	45540 OLEANDER ST	
CITY-ST-ZIP	PAISLEY FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAYLETT, GEORGE	
STREET ADDRESS	45811 DEER ST	
CITY-ST-ZIP	PAISLEY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	VIRLEE, HELENA	
STREET ADDRESS	45517 OLEANDER ST	
CITY-ST-ZIP	PAISLEY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAYLETT, HELEN	
STREET ADDRESS	45811 DEER ST	
CITY-ST-ZIP	PAISLEY FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	KNOUSE, ALBERT	
STREET ADDRESS	45542 PENNSYLVIA STREET	
CITY-ST-ZIP	PAISLEY FL	
TITLE	CT	<input type="checkbox"/> Delete
NAME	ROSSI, RICHARD	
STREET ADDRESS	45651 CYPRESS	
CITY-ST-ZIP	PAISLEY FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Helena Virlee* **HELENA VIRLEE** 1-8-00 (352) 669-3040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)