

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90287 002 \*\*\*\*61.25

**DOCUMENT # N39560**  
 1. Entity Name  
**LAKE BUTLER SINGLES CLUB, INC.**

Principal Place of Business      Mailing Address  
**N.W. 3RD AVE.**      **P.O. BOX 474**  
**LAKE BUTLER FL 32054**      **LAKE BUTLER FL 32054**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

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 **59-3019031**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LAMMERS, FRED J**  
**411 NO MARION ST**  
**LAKE CITY FL 32054**

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 <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>LAMMERS, FRED G</b>	
STREET ADDRESS <b>411 NO MARION ST</b>	
CITY-ST-ZIP <b>LAKE CITY FL 32055</b>	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BOSSUYT, HARRIET</b>	
STREET ADDRESS <b>RT 10 BOX 820</b>	
CITY-ST-ZIP <b>LAKE CITY FL 32025</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>NESSMITH, MARY</b>	
STREET ADDRESS <b>412 DESENDER AVE</b>	
CITY-ST-ZIP <b>LAKE CITY FL 32055</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>WARNER, ELAINE</b>	
STREET ADDRESS <b>720 N.E. 3RD ST</b>	
CITY-ST-ZIP <b>LAKE BUTLER FL 32054</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRANK Abdulla</b>	
STREET ADDRESS <b>Rt 1 B+ 865</b>	
CITY-ST-ZIP <b>Starke FL 32091</b>	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Kenny Turner</b>	
STREET ADDRESS <b>PO Box 214</b>	
CITY-ST-ZIP <b>Orange Sp FL 32182</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SUSAN Latvis</b>	
STREET ADDRESS <b>PO Box 2025</b>	
CITY-ST-ZIP <b>Interlachen FL 32140</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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, 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: \_\_\_\_\_ DATE: **1/22/02** DAYTIME PHONE #: **386/752/0083**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)