

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42165

1. Entity Name

LAKE JOANNA IMPROVEMENT LEAGUE, INC.

Principal Place of Business

333547 COUNTY RD 44-B
EUSTIS FL 32736
US

Mailing Address

333547 COUNTY RD 44-B
EUSTIS FL 32736
US

2. Principal Place of Business

33236 E. LAKE JOANNA DR.
Suite, Apt. #, etc.

3. Mailing Address

33236 E. LAKE JOANNA DR.
Suite, Apt. #, etc.

City & State

EUSTIS FL.

City & State

EUSTIS FL.

4. FEI Number

59-3140059

Applied For

Not Applicable

Zip

32736

Country

USA

Zip

32736

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, IRWIN
33417 COUNTY RD. 44B
EUSTIS FL 32736

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

Irwin Siegel Pres.

(NOTE: Registered Agent Signature required when reinstating)

Irwin Siegel

March 17, 2001

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SIEGEL, IRWIN	
STREET ADDRESS	33417 C.R. 44-B	
CITY-ST-ZIP	EUSTIS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRADNER, MICHAEL	
STREET ADDRESS	33616 WESLEY RD.	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, DANIEL	
STREET ADDRESS	33405 WESLEY RD	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARR, GENE	
STREET ADDRESS	33508 WESLEY RD	
CITY-ST-ZIP	EUSTIS FL	
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		<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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROY, JOHN	
STREET ADDRESS	33346 E. LAKE JOANNA DR.	
CITY-ST-ZIP	EUSTIS FL 32736	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irwin Siegel

Date

Daytime Phone #

March 17, 2001



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)