

**2000 UNIFORM BUSINESS REPORT (UBR)** #6100

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90047 032 \*\*\*\*61.25

B0006409



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N95000002357**

1. Entity Name  
**MOLOKAI CO-OP, INC.**

Principal Place of Business Mailing Address

1 HAWAIIAN WAY LEESBURG FL 34788  
 US

1 HAWAIIAN WAY LEESBURG FL 34788-8723  
 US

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 **59-3317542** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEAN, PAUL L**  
**1305 EAST ROBINSON STREET**  
**SUITE 1**  
**ORLANDO FL 32801**

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 PAUL WEAN 1-14-00  
 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DUPUIS, GERARD<br>191 PARADISE NORTH<br>LEESBURG FL <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>BATTEN, FRANK<br>190 Paradise No.<br>Leesburg, fl. 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>HARKLESS, WANDA<br>142 MALAYON WAY<br>LEESBURG FL 34788 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>HARTMAN, WILLIS<br>45 Hawaiian Way<br>Leesburg, fl. 34788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BATTEN, FRANK<br>190 PARADISE NORTH<br>LEESBURG FL 34788 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>DUPUIS, GERARD<br>191 Paradise No,<br>Leesburg, fl. 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROBINSON, HAROLD<br>236 KELOU COURT<br>LEESBURG FL 34788 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>DURYEE, OLIVER<br>188 Paradise No.<br>Leesburg, Fl. 34788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>TAYLOR, DUANE<br>164 KA LAMA PLACE<br>LEESBURG FL 34788 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>VOGLER, ALFRED<br>284 KELOU COURT<br>LEESBURG FL 34788 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>FETHER, JACQUELIN<br>74 Mauna Loa<br>Leesburg, Fl. 34788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |

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: FRANK BATTEN, PRESIDENT 1/17/00 352-343-5300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)