

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90179 039 ****61.25

DOCUMENT # N95000002357

1. Entity Name
MOLOKAI CO-OP, INC.

Principal Place of Business 1 HAWAIIAN WAY LEESBURG FL 34788 US	Mailing Address 1 HAWAIIAN WAY LEESBURG FL 34788 US
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LUUJ4211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 59-3317542	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	VO DUPUIS, GERARD 191 PARADISE NORTH LEESBURG FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS PD HARTMAN, WILLIS 45 HAWAIIAN WAY LEESBURG FL 34788 <input type="checkbox"/> Delete <i>Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VDCamd) BATTEN, FRANK 190 PARADISE NORTH LEESBURG FL 34788 <input type="checkbox"/> Delete <i>Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURYEE, OLIVER 188 PARADISE NORTH LEESBURG FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, DUANE 164 KA HAMA PLACE LEESBURG FL 34788 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FETHER, JACQUELIN 74 MAUNA LOA LEESBURG FL 34788 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	millie Santi 1st VP 147 MALAYON WAY LEESBURG, FL 34788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Don Harkless SD 142 MALAYON WAY LEESBURG, FL 34788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD John Farrell 53 KONO CIRCLE LEESBURG, FL 34788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dick Schmidle 223 Paradise South LEESBURG, FL 34788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marilyn Derby 208 Paradise South LEESBURG, FL 34788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *W. J. Fether* **3/12/2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)