

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90150 014 ****61.25

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
 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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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]*

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 | 1VP | <input checked="" type="checkbox"/> Delete |
| NAME | SANTI, MILLIE | |
| STREET ADDRESS | 147 MALAYON WAY | |
| CITY-ST-ZIP | LEESBURG FL 34788 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HARTMAN, WILLIS | |
| STREET ADDRESS | 45 HAWAIIAN WAY | |
| CITY-ST-ZIP | LEESBURG FL 34788 | |
| TITLE | 2VD | <input checked="" type="checkbox"/> Delete |
| NAME | BATTEN, FRANK | |
| STREET ADDRESS | 190 PARADISE NORTH | |
| CITY-ST-ZIP | LEESBURG FL 34788 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DURYEE, OLIVER | |
| STREET ADDRESS | 188 PARADISE NORTH | |
| CITY-ST-ZIP | LEESBURG FL 34788 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DERBY, MARILYN | |
| STREET ADDRESS | 208 PARADISE SOUTH | |
| CITY-ST-ZIP | LEESBURG FL 34788 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FETHER, JACQUELIN | |
| STREET ADDRESS | 74 MAUNA LOA | |
| CITY-ST-ZIP | LEESBURG FL 34788 | |

| | | |
|----------------|--------------------|--|
| TITLE | 1VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | John Farrell | |
| STREET ADDRESS | 53 Kono Circle | |
| CITY-ST-ZIP | Leesburg, FL 34788 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | 2VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Millie Santi | |
| STREET ADDRESS | 147 Malayon Way | |
| CITY-ST-ZIP | Leesburg, FL 34788 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Murray Leaver | |
| STREET ADDRESS | 59 Kono Circle | |
| CITY-ST-ZIP | Leesburg, FL 34788 | |
| 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FARRELL
 DIRECTOR

Date

Daytime Phone #

01-18-02

CR2E037 (9/01)