

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90140 004 \*\*\*\*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**

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

CHECK HERE IF MAKING CHANGES



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  
**Richard P. Newman**

Street Address (P.O. Box Number is Not Acceptable)  
**1000 West Main St.**

City  
**Leesburg** FL Zip Code  
**34748**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/24/03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP FARRELL, JOHN 53 KONO CIRCLE LEESBURG FL 34788</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARTMAN, WILLIS 45 HAWAIIAN WAY LEESBURG FL 34788</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VD SANTI, MILLIE 147 MALAYON WAY LEESBURG FL 34788</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEAVER, MURRAY 59 KONO CIRCLE LEESBURG FL 34788</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DERBY, MARILYN 208 PARADISE SOUTH LEESBURG FL 34788</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FETHER, JACQUELIN 74 MAUNA LOA LEESBURG FL 34788</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP Franklyn Deopere 19 Hawaiian Way Leesburg, FL 34788</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Archie Bert 79 Mauna Loa Dr. Leesburg, FL 34788</b>	<input checked="" type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/03**

**352-343-5300**

CR2E037 (10/02)