

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733607

1. Entity Name

LAKE AGRICULTURE AND YOUTH FAIR ASSOCIATION, INC

Principal Place of Business

Mailing Address

P.O. BOX 221  
EUSTIS FL 32727-0221

P.O. BOX 221  
EUSTIS FL 32727-0221

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

59-0648175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORRIS, C E  
26050 CR 46 A  
SORRENTO FL 32776

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, 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

|                                                |                                                                  |                                            |
|------------------------------------------------|------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FARLEY, SUSIE<br>PO BOX 530<br>ASTATULA FL 34705            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>OSTEEN, ROY<br>4748 BIG OAK RD.<br>CLERMONT FL 34711      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>SUMMERALL, CARL<br>13640 WOODLAND DR<br>ASTATULA FL 34705 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SUMMERALL, CARL<br>13540 WOODLAND DR<br>ASTATULA FL        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>DUNCAN, BRUCE<br>456 W 10TH AVE<br>MT. DORA FL 32757       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                            |                                                                     |
|------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>Coleman, Larry<br>13B Douglas DR<br>TAVARES FL 32778 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                            | <input type="checkbox"/> Change <input type="checkbox"/>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                            | <input type="checkbox"/> Change <input type="checkbox"/>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                            | <input type="checkbox"/> Change <input type="checkbox"/>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                            | <input type="checkbox"/> Change <input type="checkbox"/>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                            | <input type="checkbox"/> Change <input type="checkbox"/>            |

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

Date

Daytime Phone #

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90083 043 \*\*\*\*61.25

00010000



DO NOT WRITE IN THIS SPACE

*Signature of Carl Summerall*

1-4-00

(352)357-7111