

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90126 017 ****61.25

DOCUMENT # N13866

1. Entity Name

LEISURE LAKE CO-OP, INC.

Principal Place of Business

Mailing Address

**3003 US HIGHWAY 41 N
 PALMETTO FL 34221**

**3003 US HIGHWAY 41 N
 PALMETTO FL 34221-5430**

00000764



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2766457

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

**ENTLER, ALLEN
 3003 US HWY 41 N
 PALMETTO FL 34221**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DS**
 STREET ADDRESS **HESSL, BARBARA**
 CITY-ST-ZIP **134 LAKEVIEW DR
 PALMETTO FL**

TITLE Change Addition
 NAME **DT CAROLYN HOSICK**
 STREET ADDRESS **360 QUIET WAY**
 CITY-ST-ZIP **Palmetto, Fla 34221**

TITLE Delete
 NAME **D**
 STREET ADDRESS **O'NEIL, HELEN**
 CITY-ST-ZIP **513 CENTRE STREET
 PALMETTO FL**

TITLE Change Addition
 NAME **P WINSTON HAWKINS**
 STREET ADDRESS **405 TROPIC DR.**
 CITY-ST-ZIP **Palmetto, Fla 34221**

TITLE Delete
 NAME **DP**
 STREET ADDRESS **SMITH, LARRY**
 CITY-ST-ZIP **487 CHURCH RD
 PALMETTO FL**

TITLE Change Addition
 NAME **D ART Solomonian**
 STREET ADDRESS **418 Tropic Dr.**
 CITY-ST-ZIP **Palmetto, Fla 34221**

TITLE Delete
 NAME **P**
 STREET ADDRESS **KILLOCK, ROBERT**
 CITY-ST-ZIP **522 CENTRE ST
 PALMETTO FL 34221**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD**
 STREET ADDRESS **HURST, NANCY**
 CITY-ST-ZIP **93 LAKEVIEW DR
 PALMETTO FL 34221**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **REVLACQUA, SHIRLEY**
 CITY-ST-ZIP **55 LEISURE WAY
 PALMETTO FL 34221**

TITLE Change 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)