

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90011 042 ****61.25

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

DO NOT WRITE IN THIS SPACE



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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARLEY, SUSIE PO BOX 530 ASTATULA FL 34705	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OSTEEN, ROY 4748 BIG OAK RD CLERMONT FL 34711	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUMMERALL, CARL 13640 WOODLAND DR ASTATULA FL 34705	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUMMERALL, CARL 13540 WOODLAND DR ASTATULA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNCAN, BRUCE 456 W 10TH AVE MT. DORA FL 32757	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLEMAN, LARRY 138 DOUGLAS DR TAVARES FL 32778	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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]* **Happy Noeris II** **1-8-01** **352-357-7111**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)