

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**  
 02-26-2001 90496 015 \*\*\*\*61.25

**DOCUMENT # 765638**

1. Entity Name

**LAKE KATHRYN RECREATION CLUB, INC.**

Principal Place of Business

45531 PENNSYLVANIA ST.  
 P.O. BOX 207  
 PAISLEY FL 32767-7207

Mailing Address

45531 PENNSYLVANIA ST.  
 P.O. BOX 207  
 PAISLEY FL 32767-7207

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAYLETT, GEORGE**  
**45811 DEER STREET**  
**PAISLEY FL 32767**

7. Name and Address of New Registered Agent

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	DT	<input checked="" type="checkbox"/> Delete
NAME	SIMON, HAROLD	
STREET ADDRESS	45540 OLEANDER ST	
CITY-ST-ZIP	PAISLEY FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAYLETT, GEORGE	
STREET ADDRESS	45811 DEER ST	
CITY-ST-ZIP	PAISLEY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	VIRLEE, HELENA	
STREET ADDRESS	45517 OLEANDER ST	
CITY-ST-ZIP	PAISLEY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAYLETT, HELEN	
STREET ADDRESS	45811 DEER ST	
CITY-ST-ZIP	PAISLEY FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	KNOUSE, ALBERT	
STREET ADDRESS	45542 PENNSYLVIA STREET	
CITY-ST-ZIP	PAISLEY FL	
TITLE	CT	<input type="checkbox"/> Delete
NAME	ROSSI, RICHARD	
STREET ADDRESS	45651 CYPRESS	
CITY-ST-ZIP	PAISLEY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORBERT. VIRLEE	
STREET ADDRESS	45519 OLEANDER ST.	
CITY-ST-ZIP	PAISLEY FL 32767	
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		
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: *George Haylett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)