

Amended

2001 UNIFORM BUSINESS REPORT (UBR)

08-3T-2001 90116 035 *****61.25
N13866

014210

DOCUMENT # N13866

1. Entity Name

LEISURE LAKE CO-OP, INC.

Principal Place of Business

3003 US HIGHWAY 41 N
PALMETTO FL 34221

Mailing Address

3003 US HIGHWAY 41 N
PALMETTO FL 34221

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -3 AM 9:55



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

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENTLER, ALLEN
3003 US HWY 41 N
PALMETTO FL 34221

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

Allen Entler

8/12/01

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
After September 12, 2001, min. will be \$236.25

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 | DS | <input type="checkbox"/> Delete |
| NAME | HESEL, BARBARA | |
| STREET ADDRESS | 134 LAKEVIEW DR | |
| CITY-ST-ZIP | PALMETTO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | O'NEIL, HELEN | |
| STREET ADDRESS | 513 CENTRE STREET | |
| CITY-ST-ZIP | PALMETTO FL | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | SMITH, LARRY | |
| STREET ADDRESS | 487 CHURCH RD | |
| CITY-ST-ZIP | PALMETTO FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | KILLOCK, ROBERT | |
| STREET ADDRESS | 522 CENTRE ST | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | HURST, NANCY | |
| STREET ADDRESS | 93 LAKEVIEW DR | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | REVLACQUA, SHIRLEY | |
| STREET ADDRESS | 55 LEISURE WAY | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------|--|
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Winston Hawkins | |
| STREET ADDRESS | 405 FAIR DR | |
| CITY-ST-ZIP | Palmetto, FL 34221 | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Carolyn Mosca | |
| STREET ADDRESS | 360 QUICK WAY | |
| CITY-ST-ZIP | Palmetto, FL 34221 | |
| TITLE | Dir. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Don Wallace | |
| STREET ADDRESS | 511 CENTRE ST | |
| CITY-ST-ZIP | Palmetto, FL 34221 | |
| TITLE | Dir. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Aileen Szenc | |
| STREET ADDRESS | 452 FAIR DR | |
| CITY-ST-ZIP | Palmetto, FL 34221 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2007 (5/01)

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 REQUIRED

Nancy K Hurst 9/11/01 29-8246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #