

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91625 009 \*\*\*\*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**

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

**59-2766457**

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 **DS** ☒ Delete  
 NAME **HESEL, BARBARA**  
 STREET ADDRESS **134 LAKEVIEW DR**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Change ☒ Addition  
 NAME **DVPChristina Turley**  
 STREET ADDRESS **438 Kaiser Dr.**  
 CITY-ST-ZIP **Palmetto, fla. 34221**

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

TITLE ☐ Change ☒ Addition  
 NAME **D Robert Killock**  
 STREET ADDRESS **522 Centre St.**  
 CITY-ST-ZIP **Palmetto, Fla. 34221**

TITLE **D** ☒ Delete  
 NAME **SMITH, LARRY**  
 STREET ADDRESS **487 CHURCH RD**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Change ☒ Addition  
 NAME **D Duane Randolph**  
 STREET ADDRESS **137 Lakeview DR.**  
 CITY-ST-ZIP **Palmetto, FL. 34221**

TITLE **PD** ☐ Delete  
 NAME **HAWKINS, WINSTON**  
 STREET ADDRESS **405 TROPIC DRIVE**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Change ☒ Addition  
 NAME **D Cliff Hess**  
 STREET ADDRESS **382 Quiet Way**  
 CITY-ST-ZIP **Palmetto, FL. 34221**

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

TITLE ☐ Change ☒ Addition  
 NAME **D Don Wallace**  
 STREET ADDRESS **511 Centre St.**  
 CITY-ST-ZIP **Palmetto, FL. 34221**

TITLE **T** ☐ Delete  
 NAME **HOSIER, CAROLYN**  
 STREET ADDRESS **360 QUIET WAY**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Change ☒ Addition  
 NAME **D Helen Szewc**  
 STREET ADDRESS **452 Kaiser Dr.**  
 CITY-ST-ZIP **Palmetto, FL. 34221**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/8/02**

**941-723-2465**

- Date

Daytime Phone #

CR2E037 (9/01)