

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



DO NOT WRITE IN THIS SPACE

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

ALLEN L. ENTLER

[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	<input checked="" type="checkbox"/> Delete
NAME	HESEL, BARBARA	
STREET ADDRESS	134 LAKEVIEW DR	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	O'NEIL, HELEN	
STREET ADDRESS	513 CENTRE STREET	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, LARRY	
STREET ADDRESS	487 CHURCH RD	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAWKINS, WINSTON	
STREET ADDRESS	405 TROPIC DRIVE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	HURST, NANCY	
STREET ADDRESS	93 LAKEVIEW DR	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOSIER, CAROLYN	
STREET ADDRESS	360 QUIET WAY	
CITY-ST-ZIP	PALMETTO FL 34221	

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christina Turley	
STREET ADDRESS	438 Kaiser Dr.	
CITY-ST-ZIP	Palmetto, Fla. 34221	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Killock	
STREET ADDRESS	522 Centre St.	
CITY-ST-ZIP	Palmetto, Fla. 34221	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duane Randolph	
STREET ADDRESS	137 Lakeview DR.	
CITY-ST-ZIP	Palmetto, FL. 34221	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cliff Hess	
STREET ADDRESS	382 Quiet Way	
CITY-ST-ZIP	Palmetto, FL. 34221	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Wallace	
STREET ADDRESS	511 Centre St.	
CITY-ST-ZIP	Palmetto, FL. 34221	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Szwec	
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/02 *941-723-2468*
 -Date Daytime Phone #

CR2E037 (9/01)