

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90011 046 \*\*\*\*61.25

**DOCUMENT # 720545**

1. Entity Name

**LAKE PANASOFFKEE FIRE PROTECTIVE ASSOCIATION, IN**

Principal Place of Business

Mailing Address

CR 459  
 P.O. BOX 708  
 LAKE PANASOFFKEE FL 33538

P.O. BOX 708  
 LAKE PANASOFFKEE FL 33538

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1010045**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ESTOK, ROBERT**  
**2763 CR 415 B**  
**LAKE PANASOFFKEE FL 33538**

Name  
**SAME**

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 ROBERT ESTOK  
 Signature, typed or printed name of registered agent and title if applicable.

[Signature]  
 (NOTE: Registered Agent signature required when reinstating)

6/6/2000  
 DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HURST, CLIFF	
STREET ADDRESS	HWY 470 CR 440A	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, ROBERT	
STREET ADDRESS	3590 CR 406	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIESE, ZELDA	
STREET ADDRESS	HWY 470 CR 482-A	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ETTER, BETTY	
STREET ADDRESS	1291 CR 459	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	P	<input type="checkbox"/> Delete
NAME	ESTOK, ROBERT	
STREET ADDRESS	2763 CR 415 B	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	D/C	<input checked="" type="checkbox"/> Delete
NAME	GLOSSIP, BILL	
STREET ADDRESS	HWY 470-N.W. 13 RD.	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	

TITLE	DK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYMON, GAULE	
STREET ADDRESS	1291 CR 459	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE RAY	
STREET ADDRESS	2888 CR 422A	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSTROWSKI, RICK	
STREET ADDRESS	4758 CR 307	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVILLE, EUNICE	
STREET ADDRESS	477 CR 4153	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBB, BUCK	
STREET ADDRESS	2294 CR 406A	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	

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: ROBERT ESTOK  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/2000  
 Date

Daytime Phone #

CR2E037 (5/00)