

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90079 033 ****61.25

DOCUMENT # 724501

1. Entity Name

LAKE BRYANT SHORES CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RT. 1, BOX 1245
 OKLAWAHA FL 32179-9730

RT. 1, BOX 1245
 OKLAWAHA FL 32179-9625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

~~ROTHSTEIN, PAUL S.
 11 NORTH MAGNOLIA AVE.
 OGALA FL 32670~~

Delete

Name DAVID H. HYTE
 Street Address (P.O. Box Number is Not Acceptable)
17372 SE 37th LANE
 City Oklawaha FL Zip Code 32179

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 David H. Hyte 5-1-00
Signature, typed or printed name of registered agent and, 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	D	<input type="checkbox"/> Delete
NAME	GARDNER, MAC	
STREET ADDRESS	17440 SE 34TH LANE	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MONROE, L MRS.	
STREET ADDRESS	3664 SE 173RD TERR	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	URIG, VIVIAN	
STREET ADDRESS	3511 SE 174TH CT	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENDELTON, ERNIE	
STREET ADDRESS	3620 SE 174TH CT	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, JAMES V	
STREET ADDRESS	17855 SE 51ST STREET	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRUPO, PETE	
STREET ADDRESS	17415 S E 34TH LANE	
CITY-ST-ZIP	OKLAWAHA FL	

TITLE	<input checked="" type="checkbox"/> PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID H. HYTE	
STREET ADDRESS	17372 SE 37th LANE	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	<input checked="" type="checkbox"/> SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELEN HOPPER	
STREET ADDRESS	17400 SE 35th Lane	
CITY-ST-ZIP	OKLAWAHA, FLA. 32179	
TITLE	<input checked="" type="checkbox"/> TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENNY HYTE	
STREET ADDRESS	17372 SE 37th Lane	
CITY-ST-ZIP	OKLAWAHA, FLA. 32179	
TITLE	<input type="checkbox"/> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE JOLLY	
STREET ADDRESS	17334 SE 34th LANE	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	<input type="checkbox"/> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURANCE POOLE	
STREET ADDRESS	3765 SE 174th CT	
CITY-ST-ZIP	OKLAWAHA, FL 32179	
TITLE	<input type="checkbox"/> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JESSE HOPPER	
STREET ADDRESS	17400 SE 35th LANE	
CITY-ST-ZIP	OKLAWAHA FL 32179	

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: David H. Hyte 5-1-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)