

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725087

1. Entity Name

INTERLACHEN LAKES LANDOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 292
INTERLACHEN FL 32148

Mailing Address

P.O. BOX 292
INTERLACHEN FL 32148-0292

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

59-1543145

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

HARVEY, LARRY PD
139 HAYMAN
INTERLACHEN FL 32148

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 PD
NAME HARVEY, LARRY
STREET ADDRESS 139 HAYMAN AVE.
CITY-ST-ZIP INTERLACHEN FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME BURNETT, MALCOLM
STREET ADDRESS 153 KITTY AVE.
CITY-ST-ZIP INTERLACHEN FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME GILMORE, LOWELL
STREET ADDRESS RT 1 BOX 407F N/A
CITY-ST-ZIP INTERLACHEN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME HUNT, KATHY
STREET ADDRESS 193 KITTY AVE.
CITY-ST-ZIP INTERLACHEN FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HALL, FRANCES
STREET ADDRESS 301 PHILLIPS RD.
CITY-ST-ZIP INTERLACHEN FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GOODE, WINIFRED
STREET ADDRESS 107 TAYLOR AVE.
CITY-ST-ZIP INTERLACHEN FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

LOWELL GILMORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00

Date

904 684 6388

Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90152 023 ****61.25



DO NOT WRITE IN THIS SPACE