

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0013848

DOCUMENT # 734141

1. Entity Name

EAGLE LAKE SPORTS ASSOCIATION, INCORPORATED



FILED

03 DEC -5 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

POST OFFICE BOX 1126
EAGLE LAKE FL 33839

Mailing Address

POST OFFICE BOX 1126
EAGLE LAKE FL 33839

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3247900**

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

**WEEDER, TERRI L
101 WYNDHAM DR
WINTER HAVEN FL 33884**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLEY, CARL 2411 AVENUE A NW WINTER HAVEN FL 33880	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, JUNIOT 545 OAK AVENUE EAGLE LAKE FL 33839	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEEDER, TERRI 101 WYNDHAM DR WINTER HAVEN FL 33884	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLINS, DAVID 1041 SPIRIT LAKE RD WINTER HAVEN FL 3388	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
700025256927 12/05/03--01043--012 **236.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SCOTT L. WEEDER

12/02/03 (863) 875-1122

CR2E037 (4/03)