

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90024 038 ****61.25

DOCUMENT # 742297

1. Entity Name

CENTRAL FLORIDA SINGLES OF LAKE COUNTY, INC.

Principal Place of Business

Mailing Address

**301 W WARD AVE
 EUSTIS FL 32726
 US**

**P.O. BOX 323
 EUSTIS FL 32727-0323
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2377755

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~PRUCE, JOSEPH~~ Donald Trop
~~36608 SCOTTSDALE DR~~ 19826 Jasmine Rd.
~~GRAND ISLAND FL 32735~~ Altoona, FL 32702

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 NAME STREET ADDRESS CITY-ST-ZIP	T PRUCE, JOSEPH 36608 SCOTTSDALE DR GRAND ISLAND FL 32735	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP MILLARD, MAGIS O 788 SANOI DR LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PERSIANI, MARY 82 WILDWOOD LANE EUSTIS FL 32726	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, WILLIAM 628 MT HOMER RD EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC FOEPEL, HARRIET 2 PALM PLAZA TAVARES FL 32778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, JOYCE 15452 SE CR 42 WEIRSDALE FL 32778	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donald Trop 19826 Jasmine Rd. Altoona, FL 32702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP Peggy McGee 36025 Clear Lake Cir. Eustis, FL 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Eva Bowden P. O. Box 5023 Leesburg, FL 34789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Miller 47443 Hibiscus Rd. Altoona, FL 32702	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC. HARRIET, FOEPEL 701. MT. HOMER. RD. APT. 46. EUSTIS, FL. 32726.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.V.P. MARY PERSIANI, 82, WILDWOOD, LANE, EUSTIS, FL. 32726.	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T. MILLER

3/11/00 352-669-8009

Date

Daytime Phone #

CRE037 (9/99)