

# 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

Zip

Country

Zip

Country

4. FEI Number

**59-2377755**

Applied For

Not Applicable

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

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

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