

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742297

1. Entity Name

CENTRAL FLORIDA SINGLES OF LAKE COUNTY, INC.

Principal Place of Business

301 W WARD AVE  
EUSTIS FL 32726  
US

Mailing Address

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

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 T  
NAME PRUCE, JOSEPH  
STREET ADDRESS 36608 SCOTTSDALE DR  
CITY-ST-ZIP GRAND ISLAND FL 32735 ☒ Delete

TITLE T ☒ Change ☐ Addition  
NAME Donald Trop  
STREET ADDRESS 19826 Jasmine Rd.  
CITY-ST-ZIP Altoona, FL 32702

TITLE FVP  
NAME MILLARD, MAGIS O  
STREET ADDRESS 788 SANOI DR  
CITY-ST-ZIP LEESBURG FL 34788 ☒ Delete

TITLE FVP ☒ Change ☐ Addition  
NAME Peggy McGee  
STREET ADDRESS 36025 Clear Lake Cir.  
CITY-ST-ZIP Eustis, FL 32726

TITLE SVP  
NAME PERSIANI, MARY  
STREET ADDRESS 82 WILDWOOD LANE  
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE SD ☐ Change ☐ Addition  
NAME Eva Bowden  
STREET ADDRESS P. O. Box 5023  
CITY-ST-ZIP Leesburg, FL 34789

TITLE PD  
NAME WHITE, WILLIAM  
STREET ADDRESS 628 MT HOMER RD  
CITY-ST-ZIP EUSTIS FL 32726 ☒ Delete

TITLE P ☒ Change ☒ Addition  
NAME John Miller  
STREET ADDRESS 47443 Hibiscus Rd.  
CITY-ST-ZIP Altoona, FL 32702

TITLE MC  
NAME FOEPEL, HARRIET  
STREET ADDRESS 2 PALM PLAZA  
CITY-ST-ZIP TAVARES FL 32778 ☒ Delete

TITLE MC ☐ Change ☐ Addition  
NAME HARRIET FOEPEL  
STREET ADDRESS 701 MT. HOMER RD. APT. 46.  
CITY-ST-ZIP EUSTIS FL 32726

TITLE P  
NAME TAYLOR, JOYCE  
STREET ADDRESS 15452 SE CR 42  
CITY-ST-ZIP WEIRSDALE FL 32778 ☒ Delete

TITLE SVP ☐ Change ☐ Addition  
NAME MARY PERSIANI  
STREET ADDRESS 82 WILDWOOD LANE.  
CITY-ST-ZIP EUSTIS FL 32726

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

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2377755

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

CR2E037 (9/99)