2002 UNIFORM BUS DOCUMENT # 742297 1. Entity Name	SINESS REPO	RT (UBI	R) FILED Apr 24, 2002 8:00 am Secretary of State
CENTRAL FLORIDA SINGLES OF LA	Ke county, inc.		04-24-2002 90268 010 ****61.25
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.			DO NOT WRITE IN THIS SPACE
City & State	City & State	·	4. FEI Number Applied For 59-2377755 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Status Desired Status Desired Fee Required
6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
MCLEOD, JACK Street Addre			ADGER. G. PELTIER. Idress (P.O. Box Number is Not Acceptable)
20 CIRCLE DRIVE MOUNT DORA FL 32757		b5b ^{City}	MARINER LANE. AVARES FL 32778
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.			
			Detter APR 11,2002 erequired when reinstating)
FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund C	paign, Financing_ ontribution.	Added to Fees Make Check Payable to Department of State
10. OFFICERS AND D	RECTORS	11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME MCLEOD, JACK		1 ALAN (
STREET ADDRESS 20 CIRCLE DRIVE		STREET ADDRESS CITY-ST-ZIP	56 MARINER, LANE
TITLE FVP	Delete		ROGER PELTIER DI S6 MARINER, LANE TAVARES, FLIZITE F.V.P. Change Addition 5
NAME MCGEE, D. PEGGY STREET ADDRESS 36025 CLEAR LAKE CIRCLE			MCGEE, D. PEGCY, D. 36025. CLEAR LAKE C'. RCLE, EUST'6. FL. 34789,
TITLE SD	Delete	CITY-ST-ZIP	EUSTIG FL. 34789, COPPEL GRETA D. Addition
NAME PERONI, JEAN	Delete	NAME	COPPEL GRETA D. Archange Addition 5833. WILSON PARASH, RD.
STREET ADDRESS 2120 PARK FOREST BLVD CITY-ST-ZIP MOUNT DORA FL 32757			UMATILLA, FI-32674
TITLE PD	Delete	TITLE	D. Change Addition
NAME MILLER, D. JOHN STREET ADDRESS A7443 HIBISCUIS POAD		NAME	KLER, D. JOHN. D.
CITY-ST-ZIP ADDRESS 47443 HIBISCUS ROAD		STREET AUDRESS	HTULL 3, NIDISCUS. RD. HLTOONA. FLI 32702
TITLE MC	Delete	TITLE	Addition
NAME FOEPPEL, HARRIET STREET ADDRESS 701 MT HOMER RD APT 46		NAME STREET ADDRESS	OEPPEL HARRIET
CITY-ST-ZIP EUSTIS FL 32726		0111-31+2IF	$= 0 \le T \le F S = 1 + 2 \le S = 1 $
TITLE SVP NAME DEASON, D. BOBBY W	Delete	MAME	DEASON, BOBDY, W. Achange Addition
STREET ADDRESS PO BOX 1564		STREET ADDRESS	190 PARKEARD, DRIVE,
 CITY-ST-ZP DE LEON SPRINGS FL 32130 CITY-ST-ZP EUST'S, FL-3120 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: CHELTIER APR. 11 2002 343-5643			