

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90268 010 ****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

MCLEOD, JACK
20 CIRCLE DRIVE
MOUNT DORA FL 32757

Name **ROGER G. PELTIER**

Street Address (P.O. Box Number is Not Acceptable)

656 MARINER LANE

City **TAVARES**

FL

Zip Code **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.

SIGNATURE:

ROGER G. PELTIER *Roger G Peltier* **APR 11, 2002**

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** Delete
 NAME **MCLEOD, JACK**
 STREET ADDRESS **20 CIRCLE DRIVE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **T.** Change Addition
 NAME **ROGER PELTIER J.**
 STREET ADDRESS **656 MARINER LANE**
 CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **FVP** Delete
 NAME **MCGEE, D. PEGGY**
 STREET ADDRESS **36025 CLEAR LAKE CIRCLE**
 CITY-ST-ZIP **EUSTIS FL 34789**

TITLE **F.V.P.** Change Addition
 NAME **MCGEE, D. PEGGY J.**
 STREET ADDRESS **36025 CLEAR LAKE CIRCLE,**
 CITY-ST-ZIP **EUSTIS, FL 34789.**

TITLE **SD** Delete
 NAME **PERONI, JEAN**
 STREET ADDRESS **2120 PARK FOREST BLVD**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **SEC** Change Addition
 NAME **COPPEL GRETA J.**
 STREET ADDRESS **15833 WILSON PARISH, RD.**
 CITY-ST-ZIP **UMATILLA, FL 32674**

TITLE **PD** Delete
 NAME **MILLER, D. JOHN**
 STREET ADDRESS **47443 HIBISCUS ROAD**
 CITY-ST-ZIP **ALTOONA FL 32702**

TITLE **P.D.** Change Addition
 NAME **MILLER, D. JOHN, J.**
 STREET ADDRESS **47443 HIBISCUS RD.**
 CITY-ST-ZIP **ALTOONA, FL 32702**

TITLE **MC** Delete
 NAME **FOEPEL, HARRIET**
 STREET ADDRESS **701 MT. HOMER RD APT 46**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **M.C.** Change Addition
 NAME **FOEPEL HARRIET**
 STREET ADDRESS **701 MT. HOMER, RD. APT. 46.**
 CITY-ST-ZIP **EUSTIS, FL 32726.**

TITLE **SVP** Delete
 NAME **DEASON, D. BOBBY W**
 STREET ADDRESS **PO BOX 1564**
 CITY-ST-ZIP **DE LEON SPRINGS FL 32130**

TITLE **S.V.P.** Change Addition
 NAME **DEASON, BOBBY, W.**
 STREET ADDRESS **999 PARKLAND DRIVE,**
 CITY-ST-ZIP **EUSTIS, FL 32727.**

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: *Roger G Peltier* **ROGER G. PELTIER** **APR. 11, 2002** **343-5643**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)