

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90933 018 \*\*\*\*61.25

<b>DOCUMENT # 742297</b>			
1. Entity Name <b>CENTRAL FLORIDA SINGLES OF LAKE COUNTY, INC.</b>			
Principal Place of Business <b>301 W WARD AVE EUSTIS FL 32726 US</b>		Mailing Address <b>P.O. BOX 323 EUSTIS FL 32727-0323 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-2377755</b>		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PELTIER, ROGER G</b> <b>656 MARINER LANE</b> <b>TAVARES FL 32778</b>		Name <b>TAYLOR, Joyce, D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>15452 S.E. HWY 42.</b> City <b>WEIRSDALE FL</b> Zip Code <b>32195</b>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joyce, D. TAYLOR Joyce D. Taylor 4-12-2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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 Florida 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>PELTIER, ROGER D</b> <b>656 MARINER LANE</b> <b>TAVARES FL 32778</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T. D.</b> <b>TAYLOR, JOYCE, D.</b> <b>15452 S.E. HWY 42.</b> <b>WEIRSDALE, FL, 32195</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVP</b> <b>MCGEE, D. PEGGY</b> <b>36025 CLEAR LAKE CIRCLE</b> <b>EUSTIS FL 34789</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>F.V.P. D.</b> <b>MCGEE, D. PEGGY.</b> <b>36025 CLEAR LAKE CIRCLE</b> <b>EUSTIS, FL, 34789.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>COPPEL, GRETA D</b> <b>15833 WILSON PARRISH RD</b> <b>UMATILLA FL 32674</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. D.</b> <b>COPPEL GRETA</b> <b>15833 WILSON PARRISH RD.</b> <b>UMATILLA FL, 32702</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MILLER, D. JOHN</b> <b>47443 HIBISCUS ROAD</b> <b>ALTOONA FL 32702</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. D.</b> <b>DEASON BOBBY, W.</b> <b>999 PARKLAND, DRIVE</b> <b>EUSTIS, FL, 32727.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MC</b> <b>FOEPEL, HARRIET</b> <b>701 MT HOMER RD APT 46</b> <b>EUSTIS FL 32726</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASST. T. D.</b> <b>MCLEOD, JACK.</b> <b>20. CIRCLE DR.</b> <b>MOUNT. DORA, FL, 32757-3428.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>DEASON, D. BOBBY W</b> <b>PO BOX 1564</b> <b>DE LEON SPRINGS FL 32130</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S.V.P. D.</b> <b>DORIS, WILLIAMS MABIS.</b> <b>788, SANDY DRIVE,</b> <b>LEESBURG, FL, 32778.</b> <input checked="" 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: Joyce, D. TAYLOR Joyce D. Taylor 4-12-2003 352-821-0746

CR2E037 (10/02)