

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743379

1. Entity Name

LAKE PANASOFFKEE RECREATION COMMITTEE, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90064 037 ****61.25

Principal Place of Business

Mailing Address

CR 459
P.O. BOX 1054
LAKE PANASOFFKEE FL 33538

CR 459
P.O. BOX 1054
LAKE PANASOFFKEE FL 33538-1054

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

59-1837953

Applied For

Not Applicable

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

THORNTON, RANDALL N.
P.O. BOX 58, 2008 N. CR 470
LAKE PANASOFFKEE FL 33538

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 VP ☐ Delete
NAME LARSON, JEANNE
STREET ADDRESS C R 470
CITY-ST-ZIP LK PANASOFFKEE, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME CHANDLER, VIRGIL
STREET ADDRESS ~~CR 431A~~
CITY-ST-ZIP LK PANASHOFFKE3 FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 602 CR 489
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME CHANDLER, CAROLYN
STREET ADDRESS ~~CR 431A~~
CITY-ST-ZIP LK PANASOFFKEE, FL 00000

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 602 CR 489
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME JAMES, DOROTHY
STREET ADDRESS CR470
CITY-ST-ZIP LAKE PANASOFFKEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Carolyn Chandler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/200 352-793-8759
Date Daytime Phone #

CR2E037 (9/99)