### 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #. 756315**

1. Entity Name

#### FOREST LAKE ESTATES CIVIC ASSOCIATION OF PORT RI

# FILED Jan 25, 2000 8:00 am Secretary of State

01-25-2000 90085 049 \*\*\*\*61.25

		<del></del>	<del>_</del>										
Principal Place of Business Mailing Address													
7618 TALL TREE CT PORT RICHEY FL 34668 US			7618 TALL TREE CT PORT RICHEY FL 34668-5848 US			1				:			
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2. Principal P	lace of Busin	ness	3. Mailing Address										
Suite, Apt.	#, etc.	.,	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Stat	<del></del>		City & State				4. FEI Number App					_ pplied For	
Ully & Stat			Ony a diate				4. FELINORIDE	ABLE	BLE Not Appelled				
Zip Country			Zip	Zip Country			5. Certificate	of Status De	sired		<b>\$8.75</b> Ac Fee Requir		
	6. Name	and Address of Current F	egistered Agent				7. Name and Address of New Re				gistered Agent		
		and the second second	The second secon		Name	~ .	- · · · · <del>-</del>						
	ALTED II				Street A	ddress (F	O. Box Numbe	r is Not Acc	eptable)				
LUCAS, W 7618 TALL					[								
	. INCE CI HEY FL 346	RRR			ļ								
FUNI NICI	HET IL OAK	000			City			- <u>-</u>		FL	Zip Co	de	
<b>A</b> 75			46					- :- :- :-	la af Clasi		l		
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	ea onice o	r registere	a agent, or bott	n, m me sta	(e oi Fiori	ida.			
	Sugar are	AFRE BUILT											
SIGNATURE .	ئى ئىچ مىھادىراقلىق رەم ئې يەمۇمىد												
	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signal	ture required s	when reinstating)			DATE			
	-		T					<u>-</u>					
		NOW:					<b>)</b> мау Ве				Payable t	0	
	FEE IS	\$61.25	Trust Fund Contrib	ution.	Ц	Added	to Fees		Dep	artment	of State		
10.	<del></del>	OFFICERS AND DIR	ECTORS	11.			DDITIONS/CHA	NGES TO	OFFICER	S AND DIE	RECTORS II	N 10	
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NAME	MISHLER,	BILL	Donate	NAM		Richa	ard Gates	3	3				
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NAME	SHAFLEY,			NAM		l							
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NAME CTRCCT ADDRESS		ELEANOR		NAM.	et address	<b>\</b>							
STREET ADDRESS CITY-ST-ZIP		L TREE CT HEY FL 34668			ei addhedd -St-Zip	1							
			this filing does not qualify fo	4		ted in Sec	tion 119 07/21/3	) Florida Si	atritee I t	further cert	tify that the	information	
iz. Inereby	on this reco	e information supplied with t	true and accurate and that r	nu sianat	mpuon ald	nou iii oek	ame lenal effect	as if made	umder os	ath:thatla	m an office	r or director	

12. Thereby 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: DIAMAGE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Epp

1//8/2000 727-846-0365 Date Daytime Phone #