FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 13, 2002 8:00 am Secretary of State **DOCUMENT #** K02820 1. Entity Name 03-13-2002 90135 036 \*\*\*150 00 LAKE HARNEY HUNT CLUB, INC. Principal Place of Business Mailing Address C/O FRED H. KAISER C/O FRED H. KAISER 1590 S WOODLAND BLVD #2813 1590 S WOODLAND BLVD #2813 DELAND FL 32720-7709 DELAND FL 32720-7709 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 59-2948504 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name KAISER, FRED H. Street Address (P.O. Box Number is Not Acceptable) 1590 S WOODLAND BLVD #2813 **DELAND FL 32723-9813** Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KAISER, FRED H. NAME STREET ADDRESS STREET ADDRESS 1590 S WOODLAND BLVD CITY-ST-ZIP CITY-ST-ZIP **DELAND FL** TITLE VP ☐ Delete TITLE Change ☐ Addition NAME FORD, F A NAME STREET ADDRESS STREET ADDRESS 509 W NEW YORK AVE CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 TITLE - ⊡ Delete TITLE = - ... Change Addition NAME NAME FORD, F A JR STREET ADDRESS STREET ADDRESS 723 HIGHLANDS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR