

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

0056754

DOCUMENT # N00000000058

1. Entity Name

FOREST LAKE AMER-CAN, INC.

01-22-2001 90002 027 ****61.25

Principal Place of Business

**6119 PRESIDENTIAL CIR
 ZEPHRYHILLS FL 33540**

Mailing Address

**6119 PRESIDENTIAL CIR
 ZEPHRYHILLS FL 33540**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

**MCKINLEY, ROBERT (BUTCH) C
 6119 PRESIDENTIAL CIR
 ZEPHRYHILLS FL 33540**

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

ROBERT (BUTCH) C MCKINLEY

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 **D** ☐ Delete
 NAME **MCKINLEY, ROBERT (BUTCH) C**
 STREET ADDRESS **6119 PRESIDENTIAL CIR**
 CITY-ST-ZIP **ZEPHRYHILLS FL 33540**

TITLE **D** ☐ Delete
 NAME **ALKINS, DOUGLAS**
 STREET ADDRESS **5915 BENZ DR**
 CITY-ST-ZIP **ZEPHRYHILLS FL 33540**

TITLE **D** ☐ Delete
 NAME **ALKINS, CONNIE**
 STREET ADDRESS **5915 BENZ DR**
 CITY-ST-ZIP **ZEPHRYHILLS FL 33540**

TITLE **D** ☐ Delete
 NAME **CLARK, ROBERT**
 STREET ADDRESS **5932 JESSUP DR**
 CITY-ST-ZIP **ZEPHRYHILLS FL 33540**

TITLE **D** ☐ Delete
 NAME **CLARK, IRIS**
 STREET ADDRESS **5932 JESSUP DR**
 CITY-ST-ZIP **ZEPHRYHILLS FL 33540**

TITLE **D** ☐ Delete
 NAME **FENLASON, MERLE**
 STREET ADDRESS **6156 JESSUP DR**
 CITY-ST-ZIP **ZEPHRYHILLS FL 33540**

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)