

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/7

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90171 007 \*\*\*\*61.25

**DOCUMENT # N00000000466**

1. Entity Name

**FOREST LAKE ESTATES NON SHAREHOLDERS HOMEOWNERS**

Principal Place of Business

6359 SPRING LAKE DR.  
 ZEPHYRHILLS FL 33540

Mailing Address

6359 SPRING LAKE DR.  
 ZEPHYRHILLS FL 33540

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

**59-3617660**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BRYSON, RUTH**  
**5925 JESSUP DR.**  
**ZEPHYRHILLS FL 33540**

7. Name and Address of New Registered Agent

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

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | COVERT, ALMA C         |                                            |
| STREET ADDRESS | 5910 JESSUP DR.        |                                            |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33540   |                                            |
| TITLE          | VD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | MARTIN, JOHN           |                                            |
| STREET ADDRESS | 6001 FOREST LAKE DR.   |                                            |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33540   |                                            |
| TITLE          | SD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | BRYSON, RUTH           |                                            |
| STREET ADDRESS | 5925 JESSUP DR.        |                                            |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33540   |                                            |
| TITLE          | TD                     | <input type="checkbox"/> Delete            |
| NAME           | LAVINIO, SANTA         |                                            |
| STREET ADDRESS | 6249 TWILIGHT DR.      |                                            |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33540   |                                            |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | MITCHUM, ANN           |                                            |
| STREET ADDRESS | 6132 PRESIDENTIAL CIR. |                                            |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33540   |                                            |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | WASACK, GLENN          |                                            |
| STREET ADDRESS | 5820 NAPLES DR.        |                                            |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33540   |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WASACK, GLENN           |                                                                              |
| STREET ADDRESS | 5820 NAPLES DR.         |                                                                              |
| CITY-ST-ZIP    | ZEPHYRHILLS, FL 33540   |                                                                              |
| TITLE          | VD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | RUSH, JAMES             |                                                                              |
| STREET ADDRESS | 5912 JESSUP DR.         |                                                                              |
| CITY-ST-ZIP    | ZEPHYRHILLS, FL 33540   |                                                                              |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MELVIN, FRANCES         |                                                                              |
| STREET ADDRESS | 5845 NAPLES DR.         |                                                                              |
| CITY-ST-ZIP    | ZEPHYRHILLS, FL 33540   |                                                                              |
| TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | STEWART, CLYDE          |                                                                              |
| STREET ADDRESS | 6050 FOREST LAKE DR.    |                                                                              |
| CITY-ST-ZIP    | ZEPHYRHILLS, FL 33540   |                                                                              |
| TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TASING, LEE             |                                                                              |
| STREET ADDRESS | 5635 VINY WAY           |                                                                              |
| CITY-ST-ZIP    | ZEPHYRHILLS, FL 33540   |                                                                              |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | IKER, ALBERT            |                                                                              |
| STREET ADDRESS | 6225 SPRING LAKE CIRCLE |                                                                              |
| CITY-ST-ZIP    | ZEPHYRHILLS, FL 33540   |                                                                              |

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: *Glenn Wasack*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

**2/5/01-(813)788-4247**

CR2E037 (10/00)