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FILED
Sep 10, 2001 8:00 am
Secretary of State

08-21-2001 90032 024 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006001

1. Entity Name

LAKE ROSA & LAKE SWAN COALITION, INC.

Principal Place of Business

202 MASON ROAD
MELROSE FL 32666

Mailing Address

202 MASON ROAD
MELROSE FL 32666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melrose, FL

4. FEI Number

59-3668882

Applied For

Not Applicable

Zip

Country

Zip

Country

32666

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KEYSER, TIMOTHY
501 ATLANTIC AVENUE
INTERLACHEN FL 32148

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 rehashing)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE President ☐ Delete
 NAME Charles D. Ritter "D"
 STREET ADDRESS 202 Mason Road
 CITY-ST-ZIP Melrose, FL 32666

TITLE V.P. ☐ Delete
 NAME Robert A. Morris "D"
 STREET ADDRESS 219 Mason Road
 CITY-ST-ZIP Melrose, FL 32666

TITLE Secretary ☐ Delete
 NAME Andrew Evans "D"
 STREET ADDRESS 110 Lakeview Trail
 CITY-ST-ZIP Melrose, FL 32666

TITLE Treasurer ☐ Delete
 NAME Charles Allen "D"
 STREET ADDRESS 155 Bumpy Road
 CITY-ST-ZIP Melrose, FL 32666

TITLE Director ☐ Delete
 NAME B.J. Wallen "D"
 STREET ADDRESS 682 State Road 26
 CITY-ST-ZIP Melrose, FL 32666

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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 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: Charles Allen, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-2001 352-371-7888

Date

Daytime Phone #

CR2007 (5/01)