

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00024

1. Entity Name

MOLOKAI RESIDENTS COOPERATIVE ASSOCIATION, INC.

Principal Place of Business

280 KELOU COURT
LEESBURG FL 34788
US

Mailing Address

280 KELOU COURT
LEESBURG FL 34788
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2445106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOROW, DALE
280 KELOU CT
LEESBURG FL 34788

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
After September 12, 2001, min. will be \$236.25

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
NAME LOROW, DALE
STREET ADDRESS 280 KELOU CT
CITY-ST-ZIP LEESBURG FL ☐ Delete

TITLE VD
NAME TOMAN, ED
STREET ADDRESS 205 PARADISE
CITY-ST-ZIP LEESBURG FL ☒ Delete

TITLE TD
NAME KELLER, PAULINE
STREET ADDRESS 60 KONO CIRCLE
CITY-ST-ZIP LEESBURG FL ☐ Delete

TITLE SD
NAME MORROW, GERALDINE
STREET ADDRESS 219 PARADISE SOUTH
CITY-ST-ZIP LEESBURG FL ☒ Delete

TITLE D
NAME STEFANY, SUE
STREET ADDRESS 173 PARADISE NORTH
CITY-ST-ZIP LEESBURG FL 34788 ☒ Delete

TITLE D
NAME SPRINGER, ROBERT
STREET ADDRESS 25 HAWAIIAN WAY
CITY-ST-ZIP LEESBURG FL 34788 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Gus Giddings
NAME 260 Keloo CT
STREET ADDRESS Leesburg FL 34788 ☒ Change ☐ Addition

TITLE Andy Laramie
NAME 203 Paradise South
STREET ADDRESS Leesburg FL 34788 ☒ Change ☐ Addition

TITLE Mary Devan
NAME 202 Paradise South
STREET ADDRESS Leesburg FL 34788 ☒ Change ☐ Addition

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

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

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

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 the empowered.

SIGNATURE:

SIGNATURE REQUIRED

8-26-01 352-343 6821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 19, 2001 8:00 am
Secretary of State

01-24-2001 90043 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (S01)