

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003642

1. Entity Name

THE GREATER LADY LAKE DOG PARK ASSOCIATION INC.

Principal Place of Business

Mailing Address

717 BOLIVAR ST.  
LADY LAKE FL 32159

717 BOLIVAR ST.  
LADY LAKE FL 32159

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

59-3713450

Applied For

Not Applicable

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

LEONARD, DAN  
717 BOLIVAR ST.  
LADY LAKE FL 32159

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 resigning)

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 P  
NAME LEONARD, DAN  
STREET ADDRESS 717 BOLIVAR ST.  
CITY-ST-ZIP LADY LAKE FL 32159 ☐ Delete

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

TITLE TV  
NAME EDWARDS, WILLIAM  
STREET ADDRESS 1802 CABANA CT  
CITY-ST-ZIP LADY LAKE FL 32159 ☐ Delete

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

TITLE TT  
NAME SCHIFF, MICHAEL  
STREET ADDRESS 1146 CHAPARRAL  
CITY-ST-ZIP LADY LAKE FL 32159 ☐ Delete

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

TITLE TS  
NAME EDWARDS, ADELE  
STREET ADDRESS 1802 CABANA CT  
CITY-ST-ZIP LADY LAKE FL 32159 ☐ Delete

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

TITLE T  
NAME CHUPA, GEORGE  
STREET ADDRESS 412 CARRERA DR  
CITY-ST-ZIP LADY LAKE FL 32159 ☐ Delete

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

TITLE T  
NAME COONS, MYRON  
STREET ADDRESS 424 MARK DR  
CITY-ST-ZIP LADY LAKE FL 32159 ☒ Delete

TITLE T  
NAME NOREEN STEIN  
STREET ADDRESS 1101 PALM AIRE  
CITY-ST-ZIP LADY LAKE, FL 32159 ☐ 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 from all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL SCHIFF

Date

4/25/02 (352)259-7166

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)