

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02742

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90077 048 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

1. Entity Name  
**CALOOSA LAKE VILLAGE LAND OWNER'S ASSOCIATION, I**

Principal Place of Business Mailing Address  
**SCHULTZ, DONALD I.** **SCHULTZ, DONALD I.**  
**202 CALOOSA LK CIR N.** **202 CALOOSA LK CIR N.**  
**LAKE WALES FL 33853-5650** **LAKE WALES FL 33853-8605**

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 **59-2768201** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHULTZ, DONALD**  
**202 CALOOS LK CIR N.**  
**LAKE WALES FL 33853**

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 *Donald I. Schultz*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*3/7/00*  
 DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>PD<br/>MCKE, JACK<br/>159 CALOOSA LAKE CIR N.<br/>LAKE WALES FL</del> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>VARGUS, GREG<br>4626 CALOOSA BLVD<br>LAKE WALES FL 33853             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>COLUMBO, ALICE<br>232 2ND AVE. NORTH<br>LAKE WALES FL 33853          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SCHULTZ, DONALD<br>202 CALOOSA LK CIR N<br>LAKE WALES FL             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCKEE, JACK<br>159 CALOOSA LAKE CIR N.<br>LAKE WALES FL               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MEIXSELL, GRACE<br>206 CALOOSA LAKE CIR N.<br>LAKE WALES FL           | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PO.<br>RICHARD DUSZ<br>210 CALOOSA LK CIR S.<br>LAKE WALES, FL. 33853 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Donald I. Schultz*  
 Signature, typed or printed name of signing officer or director

*3/7/00* *863-638-2664*  
 Date Daytime Phone #

CR2E037 (9/99)