FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 20, 2001 8:00 am DOCUMENT # N03284 Secrétary of State 1. Entity Name 07-20-2001 90004 011 ****61.25 FLORIDA'S LAKE COUNTRY YACHT CLUB, INC. Principal Place of Business Mailing Address ABBLOLAN C/O EDWARD P. ELLIG F.L..C.Y.C. P.O. BOX 701 3529 PLACID VIEW DR. LAKE PLACID FL 33852 LAKE PLACID FL 33862 3. Mailing Address FLCYC c/o Robert Puzey 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 43 Meadowlake Cir. N. City & State City & State 4. FEI Number Applied For 59-2376626 Not Applicable Lake Placid. FL 33852-7076 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert L. Puzey Street Address (P.O. Box Number is Not Acceptable) 43 Meadowlake Cir. N. ELLIG. EDWARD P 3529 PLACID VIEW DR. LAKE PLACID FL 33852 Zip Code 33852-7076 Lake Placid 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 Robert L. Puzey 07/12/01 Signature, typed or printed name of registered agent and title if applica FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** After September 12, 2001, min. will be \$236.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (5/01) TITLE TITLE Puzey, RObert L. Change **X**Addition XXX Delete **ELLIG. EDWARD P** NAME NAME 43 Meadowlake Cir. N. **CR2E037** STREET ADDRESS 3529 PLACID VIEW DR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LAKE PLACID FL Lake Placid, FL 33852-7076 ☐ Delete TITLE ☐ Addition TITLE XX Change DV MILLER, M.F. NAME NAME STREET ADDRESS 25 ACACIA CT. N. STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL CITY-ST-ZIP Delete Delete Addition TITLE TITLE TT Chânge WILLIS, DAVID L NAME NAME STREET ADDRESS 128 DARDANELLA AVE STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP XXX Delete TITLE ☐ Change ☐ Addition TITLE HITCHINS, ROMONA NAME NAME STREET ADDRESS 550 ENOS AVE NW STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BURGHDORF, LORRIE** NAME NAME 324 LAKE GROVES RD NE STREET ADDRESS STREET ADDRESS CiTY-ST-78 LAKE PLACID FL 33852 CITY-ST-ZIE ☐ Addition TITLE ☐ Delete TITLE ☐ Change MATHEWS, SANDY NAME STREET ADDRESS 204 HUNTLEY OAKS STREET ADDRESS CITY-ST-7IP LAKE PLACID FL 33852 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: