

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03284

1. Entity Name

FLORIDA'S LAKE COUNTRY YACHT CLUB, INC.

FILED

Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90057 041 ****61.25

Principal Place of Business

Mailing Address

F.L.C.Y.C.
P.O. BOX 701
LAKE PLACID FL 33862
US

C/O ROBERT PUZEY
43 MEADOWLAKE CIRCLE N.
LAKE PLACID FL 33852-7076
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2376626

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PUZEY, ROBERT L
43 MEADOWLAKE CIRCLE N
LAKE PLACID FL 33852-7076

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
PUZEY, ROBERT L
43 MEADOWLAKE CIRCLE N
LAKE PLACID FL 33852-7076 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLER, M.F.
25 ACACIA CT. N.
LAKE PLACID FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIS, DAVID L
128 DARDANELLA AVE
LAKE PLACID FL 33852 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BURGHODORF, LORRIE
324 LAKE GROVES RD NE
LAKE PLACID FL 33852 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MATHEWS, SANDY
204 HUNTLEY OAKS
LAKE PLACID FL 33852 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)