

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13866

1. Entity Name

LEISURE LAKE CO-OP, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90126 017 ****61.25

Principal Place of Business

Mailing Address

3003 US HIGHWAY 41 N
PALMETTO FL 34221

3003 US HIGHWAY 41 N
PALMETTO FL 34221-5430

00000764



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2766457

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

ENTLER, ALLEN
3003 US HWY 41 N
PALMETTO FL 34221

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

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 DS ☐ Delete
NAME HESSEL, BARBARA
STREET ADDRESS 134 LAKEVIEW DR
CITY-ST-ZIP PALMETTO FL

TITLE D ☐ Delete
NAME O'NEIL, HELEN
STREET ADDRESS 513 CENTRE STREET
CITY-ST-ZIP PALMETTO FL

TITLE DP ☐ Delete
NAME SMITH, LARRY
STREET ADDRESS 487 CHURCH RD
CITY-ST-ZIP PALMETTO FL

TITLE P ☐ Delete
NAME KILLOCK, ROBERT
STREET ADDRESS 522 CENTRE ST
CITY-ST-ZIP PALMETTO FL 34221

TITLE VPD ☐ Delete
NAME HURST, NANCY
STREET ADDRESS 93 LAKEVIEW DR
CITY-ST-ZIP PALMETTO FL 34221

TITLE D ☐ Delete
NAME REVILACQUA, SHIRLEY
STREET ADDRESS 55 LEISURE WAY
CITY-ST-ZIP PALMETTO FL 34221

TITLE DT ☐ Change ☒ Addition
NAME CAROLYN HOSICK
STREET ADDRESS 360 QUIET WAY
CITY-ST-ZIP Palmetto, Fla 34221

TITLE P ☐ Change ☒ Addition
NAME WINSTON HAWKINS
STREET ADDRESS 405 TROPIC DR.
CITY-ST-ZIP Palmetto, Fla 34221

TITLE D ☐ Change ☒ Addition
NAME ART SOLOMONIAN
STREET ADDRESS 418 TROPIC DR.
CITY-ST-ZIP Palmetto, Fla 34221

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)