

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90120 034 ****61.25

056108

DOCUMENT # N13866

1. Entity Name

LEISURE LAKE CO-OP, INC.



Principal Place of Business

**3003 US HIGHWAY 41 N
PALMETTO FL 34221**

Mailing Address

**3003 US HIGHWAY 41 N
PALMETTO FL 34221**

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 **59-2766457**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | TURLEY, CHRISTINA | |
| STREET ADDRESS | 438 KAISER DR. | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | O'NEIL, HELEN | |
| STREET ADDRESS | 513 CENTRE STREET | |
| CITY-ST-ZIP | PALMETTO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KILLOCK, ROBERT | |
| STREET ADDRESS | 522 CENTRE ST. | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HAWKINS, WINSTON | |
| STREET ADDRESS | 405 TROPIC DRIVE | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RANDOLPH, DUANE | |
| STREET ADDRESS | 137 LAKEVIEW DR. | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | HOSIER, CAROLYN | |
| STREET ADDRESS | 360 QUIET WAY | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |

| | | |
|----------------|--------------------------------|--|
| TITLE | CLIFF HESS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 325 DORA BILL LANE | |
| STREET ADDRESS | DRY RIDGE, KY 41045 | |
| CITY-ST-ZIP | | |
| TITLE | DON WALLACE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 18 RIVERVIEW DRIVE RR#1 | |
| STREET ADDRESS | PORT PERRY, ONT 9L1N8 | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Roger J. J. J.</i> | |
| STREET ADDRESS | <i>370 Quiet Way</i> | |
| CITY-ST-ZIP | <i>Palmetto, FL 34221</i> | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Nancy Hurst</i> | |
| STREET ADDRESS | <i>93 Lakeside Dr.</i> | |
| CITY-ST-ZIP | <i>Palmetto, FL 34221</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 of Registered Agent

5/1/03

941-723-2468

CR2E037 (10/02)