

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **N15581**

Entity Name

LAKE EUSTIS VILLAGE PROPERTY OWNERS, INC.**FILED****Feb 20, 2002 8:00 am**
Secretary of State

02-20-2002 90156 014 ****61.25

Principal Place of Business

**15 ORANGE GROVE LN
LEESBURG FL 34788**

Mailing Address

**P O BOX 392
GRAND ISLAND FL 32735
US**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2855954

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MCCORMICK, LYNN
12509 BLUE HERON WAY
LEESBURG FL 34788**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Lynn McCormick **Lynn McCormick****1/29/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

LE VE REET ADDRESS Y-ST-ZIP	PD JENNINGS, DARRYL 35229 ORANGE GROVE LN LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stein, Norman 35446 Orange Grove Ln. Leesburg, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
LE VE REET ADDRESS Y-ST-ZIP	VD GLASER, JOANN 35448 ORANGE GROVE LANE LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rogers, Ann 35307 Harbor Shores Rd. Leesburg, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
LE VE REET ADDRESS Y-ST-ZIP	SD LARRABEE, MARILYN 12024 LAKEVIEW DR LEESBURG FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE VE REET ADDRESS Y-ST-ZIP	T MCCORMICK, LYNN 12509 BLUE HERON WAY LEESBURG FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE VE REET ADDRESS Y-ST-ZIP	D ROGERS, WAITUS 35307 HARBOR SHORES ROAD LEESBURG FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE VE REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Linda McCormick **Linda McCormick****1/29/02****352 589 1761**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)