

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16220

1. Entity Name

EAST CROOKED LAKE CLUB, INCORPORATED

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90065 036 ****61.25

Principal Place of Business

Mailing Address

2410 E CROOKED LAKE CLUB BLVD
EUSTIS FL 32726
US

14229 U.S. HWY. 441
TAVARES FL 32778-4312

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

NOT APPLICABLE

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

CROAK, MICHAEL A.
14229 U.S. HWY. 441
TAVARES FL 32778

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 **P** ☐ Delete
NAME **BLANKENSHIP, BARBARA**
STREET ADDRESS **2400 E CROOKED LAKE BLVD**
CITY-ST-ZIP **EUSTIS FL**

TITLE **P** ☒ Change ☐ Addition
NAME **DAN KRUEGER**
STREET ADDRESS **2401 E CROOKED LAKE BLVD**
CITY-ST-ZIP **EUSTIS FL**

TITLE **VP** ☐ Delete
NAME **KRUEGER, DAN**
STREET ADDRESS **2481 E CROOK LAKE BLVD**
CITY-ST-ZIP **EUSTIS FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **ROBIN ROMA**
STREET ADDRESS **2440 E. CROOKED LAKE BLVD**
CITY-ST-ZIP **EUSTIS FL**

TITLE **SD** ☐ Delete
NAME **GRAVENMIER, DEBRA**
STREET ADDRESS **2431 E CROOKED LAKE BLVD**
CITY-ST-ZIP **EUSTIS FL**

TITLE **SD** ☒ Change ☐ Addition
NAME **LEE HAKANSON**
STREET ADDRESS **2470 E. CROOKED LAKE BLVD**
CITY-ST-ZIP **EUSTIS FL**

TITLE **TD** ☐ Delete
NAME **DOERFLER, ROBERT**
STREET ADDRESS **2410 E. CROOKED LAKE CLUB BLVD.**
CITY-ST-ZIP **EUSTIS FL**

TITLE **TD** ☐ Change ☐ Addition
NAME **ROBT. DOERFLER**
STREET ADDRESS **2410 E CROOKED LAKE BLVD.**
CITY-ST-ZIP **EUSTIS FL**

TITLE **D** ☐ Delete
NAME **MCQUEEN, BOB**
STREET ADDRESS **2460 E CROOKED LAKE BLVD**
CITY-ST-ZIP **EUSTIS FL**

TITLE **D** ☐ Change ☐ Addition
NAME **ROBT MCQUEEN**
STREET ADDRESS **2460 E CROOKED LAKE BLVD**
CITY-ST-ZIP **EUSTIS FL**

TITLE **D** ☐ Delete
NAME **HAKANSON, LEE**
STREET ADDRESS **2470 E CROOKED LAKE BLVD**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D** ☐ Change ☐ Addition
NAME **JACK KECK**
STREET ADDRESS **2450 E CROOKED LAKE BLVD**
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:

Robert Doerfler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOERFLER TO 4/19/00 383-3416

Date

Daytime Phone #

CR2E037 (9/99)