

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17134

1. Entity Name

MID-FLORIDA LAKES BOAT CLUB, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90007 031 ****61.25

Principal Place of Business	Mailing Address
BARVINSKI, MARIAN 174 S. LAKE DR LEESBURG FL 34788 US	BARVINSKI, MARIAN 174 S LAKE DR LEESBURG FL 34788-2661 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business AUSTIN, MARIAN Suite, Apt. #, etc. 174 S LAKE DR City & State LEESBURG, FL Zip 34788 Country USA	3. Mailing Address AUSTIN, MARIAN Suite, Apt. #, etc. 174 S LAKE DR City & State LEESBURG FL Zip 34788 Country USA
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4. FEI Number 59-2932224	Applied For Not Applicable
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6. Name and Address of Current Registered Agent MCCOMBS, MELVIN G 174 N LAKE DR LEESBURG FL 34788	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP DVC GAGNON, ROLAND 164 S LAKE DR LEESBURG FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DC MAGINO, RALPH 100 PINE TREE DR LEESBURG FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DRC COMEAU, ANDY 142 E STERLING WAY LEESBURG FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S YOUNG, ELLIE 138 N LAKE DR LEESBURG FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S GWENYTH SAAR 100 MELODY LANE LEESBURG FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T BARVINSKI, MARIAN 174 S. LAKE DR LEESBURG FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T MARIAN AUSTIN 174 S LAKE DR LEESBURG FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: MARIAN AUSTIN ROLAND GAGNON ANDY COMEAU ELLIE YOUNG MARIAN AUSTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER
Date 2/11/00 Daytime Phone # 352-589-0017

CR2E037 (9/99)