## **NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N 29801

## **FILED** Aug 26, 2002 8:00 am Secretary of State

08-26-2002 90066 043 \*\*\*\*61.25

a Endy Name	arrho
CENTRAL PASCO OPT:m:ST Club	of Laws OL
DO NOT WRITE IN THIS SF	PACE 124306
2. Principal Place of Business  /854/ Highway 52  3. Mailing Address 19/07 DOVE CRE	
Suite, Apt. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
LAND OLAKES, F/A TAMPA, F/A.	4. FEI Number Applied For 23-7383668 X Not Applicable
34639 Country Zip 33647	Country USA  5. Certificate of Status Desired  Fee Required  7. Name and Address of Current Registered Agent
	Name 1/17
DO NOT WRITE	FRANK KUMR!!!, JR. Street Address (P.O. Box Number is Not Acceptable) 19107 DOUE CREEK DRIVE
IN THIS SPACE	19107 DOUE CREEK DRIVE
	City — 7in Code
	<u>Гі</u> ў амра FL 33647
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.
L. 10 100 En. 12.	MRILL, JR 8/19/2002
SIGNATURE Sank Kunnell Jr. FRANK KL	Registered Agent signature required when reinstating)
FEE IS \$61.25 9. Election Cam	
Initial or Amended UBR Trust Fund C	Added to Fees Department of State
10. OFFICERS AND DIRECTORS	
NAME PASSIDENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME
STREET ADDRESS ROBE OF LESTER STREET ADDRESS 3240 BRONZE LEAF PLACE	, STREET ADDRESS
LAND O'LAKES, FIA. 39-639	CITY-ST-ZIP
TITLE SECRETARY NAME FRANK RUMPILL, JR	TITE NAME
STREET ADDRESS 10 167 DOUE CREEK URIVE	STREET ADDRESS
CITY-ST-ZIP TAMPA, 1-1A, 33647	CITY-ST-ZIP
TITLE JOHN SteRIN-DIRECTOR.	- Mile in the second of the control
NAME STREET ADDRESS 1411 WILD ROSE DRIVE	NAME STREET ADDRESS
CHY-ST-ZIP LO+2, F/A. 33349	CITY-ST-ZIP DO NOT WRITE
THE LAURA BOULLY TREASURER NAME 11150 LAKE S'HORE DRIVE	IN THIS SPACE
STREET ADDRESS 1/150 LAKE S'HORE DRIVE	NAME STREET ADDRESS
CITY-ST-ZIP LAND O'LAKES, F/A. 34637	CITY-ST-ZIP
TITLE KAREN KIRKLAND - DIRECTOR	πιε
NAME RO. BOX 1036 STREET ADDRESS CITY-ST-ZIP  LAND O'LAKES, FIA. 34639	NAME STREET ADDRESS
CITY-ST-ZIP LAND O'LAKES, PIA.	CITY-ST-ZIP
TITLE - C	TITLE

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 on an attachment with an addryss, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR SIGNATURE: