

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

06-21-2001 90002 020 \*\*\*\*80.00

**DOCUMENT # N32567**

1. Entity Name

**NORTH LAKE PICKETT EASEMENT ASSOCIATION, INC.**

*(Handwritten initials)*

Principal Place of Business

Mailing Address

P.O. BOX 660443  
 CHULUOTA FL 32766-0443  
 US

P.O. BOX 660443  
 CHULUOTA FL 32766-0443  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3015309**

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

**WILLIAMS, DEBORAH A  
 1471 FT. CHRISTMAS RD  
 CHULUOTA FL 32766**

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

*(Handwritten signature: Deborah A. Williams)*

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 **D** ☐ Delete  
 NAME **GOEKEN, BARBARA**  
 STREET ADDRESS **2798 PICKETT DOWNS DR**  
 CITY-ST-ZIP **CHULUOTA FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Bruce Williams**  
 STREET ADDRESS **2401 Wassum Tr.**  
 CITY-ST-ZIP **chuluota, FL 32766**

TITLE **D** ☐ Delete  
 NAME **JOHNSON, JUDY**  
 STREET ADDRESS **2745 MILLS CREEK ROAD**  
 CITY-ST-ZIP **CHULUOTA FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Dale Samson**  
 STREET ADDRESS **1153 GALLANT FOX WAY**  
 CITY-ST-ZIP **chuluota, FL 32766**

TITLE **D** ☒ Delete  
 NAME **CEPPI, RICK**  
 STREET ADDRESS **1913 SABOFF WAY**  
 CITY-ST-ZIP **CHULUOTA FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **JAY EVANS**  
 STREET ADDRESS **2535 Hibbard Tr.**  
 CITY-ST-ZIP **chuluota, FL 32766**

TITLE **D** ☐ Delete  
 NAME **HERSHEY, MICHAEL**  
 STREET ADDRESS **1235 SULTAN CIRCLE**  
 CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Damon Lawrenson**  
 STREET ADDRESS **2450 Wassum Tr.**  
 CITY-ST-ZIP **chuluota, FL 32766**

TITLE **D** ☐ Delete  
 NAME **GALVIN, GRACE ANN**  
 STREET ADDRESS **2299 MILLS CREEK RD**  
 CITY-ST-ZIP **CHULUOTA FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Tim Golden**  
 STREET ADDRESS **2341 Kildare Dr**  
 CITY-ST-ZIP **chuluota, FL 32766**

TITLE **D** ☐ Delete  
 NAME **ROSSEN, ED**  
 STREET ADDRESS **1238 SECRETARIAT PL**  
 CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE ☐ Change ☐ 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:

*(Handwritten signature: Deborah A. Williams)*

*(Handwritten date: 6/18/01)*

*(Handwritten number: 407-631-7808 ext 227)*

CR2E037 (10/00)