

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33942

1. Entity Name

LAKE ANGLERS CLUB, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90073 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

VILLA CITY ROAD  
GROVELAND FL 34736

PO BOX 985  
MINNEOLA FL 34755-0985

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

59-2964651

☒ 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

HALL, MIKE  
12474 PALM DRIVE  
MONTRARD FL 34756

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 *MIKE HALL P.D.*

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/17/2000*

**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 PD ☐ Delete  
NAME HALL, MIKE  
STREET ADDRESS 12474 PALM DRIVE  
CITY-ST-ZIP MONTRARD FL 34756

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME KINNENARD, TOM  
STREET ADDRESS 8824 N. BRADSHAW ROAD  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RUHL, BILL  
STREET ADDRESS 8520 FLORIDA BOYS RANCH ROAD  
CITY-ST-ZIP GROVELAND FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MOORE, JAMES  
STREET ADDRESS 16739 HEATHERWOOD RD  
CITY-ST-ZIP MONTRARDE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HORNE, DAVID  
STREET ADDRESS 14034 MAK HOOKS ROAD  
CITY-ST-ZIP CLERMONT FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME NORTH, JAMES  
STREET ADDRESS 7820 CALVIN LEE ROAD  
CITY-ST-ZIP GROVELAND FL

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: *Michael K. Hall P.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/99)