

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91008 034 ****61.25

DOCUMENT # *N33942*

1. Entity Name

LAKE ANGLERS CLUB INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. 847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MINNEOLA FL

Zip

Country

Zip

Country

34755

LAKE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE *President*
NAME *Michael HALL*
STREET ADDRESS *17424 Palm Dr*
CITY-ST-ZIP *Montverde FL 34756*

TITLE *Secretary + Treasurer*
NAME *Bill Ruhn*
STREET ADDRESS *8580 7th Boys Ranch Rd*
CITY-ST-ZIP *Gooveland FL 32736*

TITLE *Board member*
NAME *James Moore*
STREET ADDRESS *16739 Heather Wood Lane*
CITY-ST-ZIP *Montverde FL 34756*

TITLE *Board Member*
NAME *Walter Meeks*
STREET ADDRESS *15425 Lake Little Rd*
CITY-ST-ZIP *Ferndale FL 34729*

TITLE *Board Member*
NAME *DAVE THORN*
STREET ADDRESS *14034 Mayhood Road*
CITY-ST-ZIP *Clermont FL 34711*

TITLE *Board Member*
NAME *Shawn Meeks*
STREET ADDRESS *15425 1/2 Lake Little Rd*
CITY-ST-ZIP *Ferndale FL 34729*

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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 address, with all other like empowered.

SIGNATURE: *Michael Hall* *Michael Hall*

4-28-03 *407-469-9038*

CR2E037B (12/02)