

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N39809

FILED  
Mar 25, 2003  
Secretary of State

**Entity Name:** LEE CYPRESS WATER AND SEWER CO-OP, INC.

**Current Principal Place of Business:**

C/O JANE DEVLING BEE  
P O BOX 26  
COPELAND, FL 33926

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JANE DEVLING BEE  
P O BOX 26  
COPELAND, FL 33926

**New Mailing Address:**

**FEI Number:** 65-0221027

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEE, JANE DEVLING  
15363 JANES SENIC DR  
COPELAND, FL 33926 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BEE, JANE DEVLING,  
Address: 15363 JAME SCENIC DRIVE  
City-St-Zip: COPELAND, FL

Title: D ( ) Delete  
Name: MCDOWELL, DONALD  
Address: 227 OLD TRAIN LANE  
City-St-Zip: COPELAND, FL 34137

Title: D ( ) Delete  
Name: PASIUK, LEON  
Address: 252 MCBETH WAY  
City-St-Zip: COPELAND, FL 34137

Title: D ( ) Delete  
Name: HODGES, FRANCIS,  
Address: BOX 111 D STREET  
City-St-Zip: COPELAND, FL

Title: D ( ) Delete  
Name: BUCHANAN, ELEANOR  
Address: 238 OLD TRAIN LANE  
City-St-Zip: COPELAND, FL 34137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR BUCHANAN

TREA

03/25/2003

Electronic Signature of Signing Officer or Director

Date