

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90078 039 ****61.25

DOCUMENT # N42914

1. Entity Name

THREE LAKES PARK CO-OP, INC.

Principal Place of Business

Mailing Address

12315 U.S. HIGHWAY 441
 12 THREE LAKES PARK
 TAVARES FL 32778

P.O. BOX 492228
 12 THREE LAKES PARK
 LEESBURG FL 34749-2228
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3061897

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PAUL WEAN, P.A.
1305 E ROBINSON ST, STE C
ORLANDO FL 32801

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

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **BROWN, RICHARD**
 CITY-ST-ZIP **12315 HWY 441, LOT #15**
TAVARES FL

TITLE ☒ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **ROBERT HALLER**
 CITY-ST-ZIP **12315 HWY 441, LOT #4**
TAVARES, FL 32778

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **ROBINSON, CHARLES**
 CITY-ST-ZIP **12315 HWY 441 LOT 2**
TAVARES FL 32778

TITLE ☒ Change ☐ Addition
 NAME **DVP**
 STREET ADDRESS **CLARENCE HURST**
 CITY-ST-ZIP **12315 HWY 441, LOT #19**
TAVARES, FL 32778

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KNEE, DONALD J**
 CITY-ST-ZIP **12315 HWY 441 LOT 32**
TAVARES FL 32778

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **WALDO NEE**
 CITY-ST-ZIP **12315 HWY 441, LOT #117**
TAVARES, FL 32778

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **ROGERS, WALLACE**
 CITY-ST-ZIP **12315 HWY 441 LOT 29**
TAVARES FL 32778

TITLE ☒ Change ☐ Addition
 NAME **ST**
 STREET ADDRESS **RICHARD BROWN**
 CITY-ST-ZIP **12315 HWY 441, LOT #15**
TAVARES, FL 32778

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HURST, CLARENCE**
 CITY-ST-ZIP **12315 HWY 441 LOT 19**
TAVARES FL 32778

TITLE ☒ Change ☐ Addition
 NAME **DS**
 STREET ADDRESS **MERLE GARBER**
 CITY-ST-ZIP **12315 HWY 441, LOT #26**
TAVARES, FL 32778

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SCHMITT, CAROL**
 CITY-ST-ZIP **12315 HWY. 441, LOT #25**
TAVARES FL

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **DADE SMITH**
 CITY-ST-ZIP **12315 HWY 441, LOT #12**
TAVARES, FL 32778

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00

Date

352-787-2700

Daytime Phone #

CR2E037 (9/99)