

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90012 018 \*\*\*\*61.25

**DOCUMENT # N94000005776**

1. Entity Name

**THE PENINSULA ON LAKE HARRIS PROPERTY OWNERS ASS**

Principal Place of Business

Mailing Address

10400 CR 48  
 HOWEY-IN-THE-HILLS FL 34737

10400 CR 48  
 HOWEY-IN-THE-HILLS FL 34737-3000

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

**59-3285548**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PACKING HOUSE BY-PRODUCTS CO.**  
**10400 CR 48**  
**HOWEY-IN-THE-HILLS FL 34737**

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	DP	<input type="checkbox"/> Delete
NAME	BEAUCHER, ROBERT	
STREET ADDRESS	1104 TANGERINE AVE.	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINE, THOMAS P	
STREET ADDRESS	1130 PENINSULA DR	
CITY-ST-ZIP	TAVARES FL	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	LINE, DONNA B	
STREET ADDRESS	1130 PENINSULA DR	
CITY-ST-ZIP	TAVARES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SIGNATURE*

2-2-2000

Date

352-324-2086

Daytime Phone #

CR2E037 (9/99)