## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # **N95000001398** Apr 20, 2000 8:00 am Secretary of State LAKE COUNTY MOBILE/MANUFACTURED HOUSING HOMEOWNE 04-20-2000 90002 039 \*\*\*\*61.25 Principal Place of Business Mailing Address 604 SANDPIPER DRIVE 604 SANDPIPER DRIVE LEESBURG FL 34788 LEESBURG FL 34788-8984 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3363064 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **VOLK. FRED** 604 SANDPIPER DRIVE LEESBURG FL 34788 Zin Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE ☐ Delete MUCKEY, JIM NAME NAME STREET ADDRESS STREET ADDRESS 7320 HARBOR VIEW DR CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34788 VP ☐ Delete TITLE Addition TITLE VPD OLDER, TED NAME ÖRVEL WALTER NAME STREET ADDRESS 04059-85 PICCOLA RD STREET ADDRESS 6629 HOPI TR CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 LEESBURG, FL 34748 Dŝ Delete TITLE Change ☐ Addition TITLE BALCOM, WALT NAME NAME STREET ADDRESS STREET ADDRESS 28944 NUBBARD ST #93 CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete ☐ Change ☐ Addition TD TITLE VOLK, FRED NAME NAME STREET ADDRESS **604 SANDPIPER DRIVE** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Leesburg FL 34788 Change ☐ Addition ☐ Defete TITLE TITLE BADER, BILL NAME NAME STREET ADDRESS 1606 WAYWARD WALK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete TITLE ☐ Change ☐ Addition TITLE HARVEY, MARCIA NAME STREET ADDRESS 37901 MAYWOOD BAY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34788 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 eath; 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:

#N9500001398 640562

10.

Title

NaME

Street Add.

City-St-Zip

D ROBERT P. BARBOUR

1240 SUNSET DR

LEESBURG, FL 34788