

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0027234

DOCUMENT # N95000003975

1. Entity Name

THE ISLES OF LAKE HANCOCK SKI CLUB, INC.

04-11-2001 90099 007 *****61.25

Principal Place of Business

Mailing Address

P.O. BOX 140411
 ORLANDO FL 32814
 US

P.O. BOX 140411
 ORLANDO FL 32814
 US

00004404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

16 E Plant St
 Suite, Apt. #, etc.

16 E Plant St
 Suite, Apt. #, etc.

City & State

Winter Garden FL

City & State

Winter Garden FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip 34787

Country USA

Zip 34787

Country USA

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

KEATING, JOHN KINGMAN
 749 N. GARLAND AVENUE
 SUITE 101
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VTSD	<input type="checkbox"/> Delete
NAME	ALLEN, DONALD R JR.	
STREET ADDRESS	1420 E. ROBINSON ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NEILL, EDWARD C	
STREET ADDRESS	2965 TATE BLVD. SE	
CITY-ST-ZIP	HICKORY NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, PATRICIA A.	
STREET ADDRESS	1420 E. ROBINSON ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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)(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:

REQUIRE

4/3/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)