

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003975

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE ISLES OF LAKE HANCOCK SKI CLUB, INC.

**Current Principal Place of Business:**

16 E PLANT STREET  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

14527 ISLEVIEW DR.  
WINTER GARDEN, FL 34787 US

**Current Mailing Address:**

16 E PLANT STREET  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

14527 ISLEVIEW DR.  
WINTER GARDEN, FL 34787 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

KEATING, JOHN KINGMAN  
749 N. GARLAND AVENUE  
SUITE 101  
ORLANDO, FL 32801 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: VTSD ( ) Delete  
Name: ALLEN, DONALD R JR.  
Address: 1420 E. ROBINSON ST.  
City-St-Zip: ORLANDO, FL

Title: PD ( ) Delete  
Name: NEILL, EDWARD C  
Address: 2965 TATE BLVD. SE  
City-St-Zip: HICKORY, NC

Title: D ( ) Delete  
Name: ALLEN, PATRICIA A.  
Address: 1420 E. ROBINSON ST.  
City-St-Zip: ORLANDO, FL

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

Title: VTSD (X) Change ( ) Addition  
Name: STUEBING, RICHARD MR.  
Address: 14543 ISLEVIEW DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: PD (X) Change ( ) Addition  
Name: MCALPIN, THOMAS M MR.  
Address: 14527 ISLEVIEW DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Change ( ) Addition  
Name: CARLSON, DELMONT MR.  
Address: 14417 ISLEVIEW DR.  
City-St-Zip: WINTER GARDEN, FL 34787

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: THOMAS MCALPIN

D

04/29/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date