

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90040 002 ****61.25

DOCUMENT # N96000001988

1. Entity Name
FOREST LAKE SOCIAL CLUB, INC.

Principal Place of Business 6355 SPRING LAKE CIRCLE ZEPHYRHILLS FL 33540	Mailing Address 6355 SPRING LAKE CIRCLE ZEPHYRHILLS FL 33540-7539
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3143131		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JUSTICE, JENNIE 6458 PRESIDENTIAL CIRCLE ZEPHYRHILLS FL 33540				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUSTICE, JENNIE			NAME	Arthur Chapman		
STREET ADDRESS	6458 PRESIDENTIAL CIRCLE			STREET ADDRESS	5907 Utopia Dr		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540			CITY-ST-ZIP	Zephyrhills, FL 33540		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPMAN, ART			NAME	Mary Mitchell		
STREET ADDRESS	5907 UTOPIA DR			STREET ADDRESS	6371 Spring Lake Cr		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540			CITY-ST-ZIP	Zephyrhills, FL 33540		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COVERT, ALMA			NAME	Patricia Lerner		
STREET ADDRESS	5910 JESSUP DR			STREET ADDRESS	5927 Jessup Dr		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540			CITY-ST-ZIP	Zephyrhills, FL 33540		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTHEWS, NANCY			NAME	Charles LaFreniere		
STREET ADDRESS	5833 NAPLES DR			STREET ADDRESS	5901 Utopia Dr		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540			CITY-ST-ZIP	Zephyrhills, FL 33540		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAIRE MCGHEE			NAME	Janice Brown		
STREET ADDRESS	5648 VIAU WAY			STREET ADDRESS	6007 Presidential Cr		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540			CITY-ST-ZIP	Zephyrhills, FL 33540		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYSON, RUTH			NAME	Rose Johnson		
STREET ADDRESS	5925 JESSUP DR			STREET ADDRESS	41266 Zenon Way		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540			CITY-ST-ZIP	Zephyrhills, FL 33540		

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]* **SIGNATURE REQUIRED** *[Signature]* **813**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **5/26/00** Daytime Phone #: **780-1781**

CR2E037 (9/99)