

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

06-751

DOCUMENT # N96000001988

1. Entity Name

FOREST LAKE SOCIAL CLUB, INC.

05-02-2001 90122 007 ****61.25

Principal Place of Business 6355 SPRING LAKE CIRCLE ZEPHYRHILLS FL 33540	Mailing Address 6355 SPRING LAKE CIRCLE ZEPHYRHILLS FL 33540
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-3143131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JUSTICE, JENNIE 6458 PRESIDENTIAL CIRCLE ZEPHYRHILLS FL 33540		7. Name and Address of New Registered Agent 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	V MITCHELL, MARY 6371 SPRING LAKE CR ZEPHYRHILLS FL 33540 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, MARY 6371 SPRING LAKE CIRCLE ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPMAN, ARTHUR 2907 UTOPIA DR ZEPHYRHILLS FL 33540 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARD, SOPHIA 5936 UTOPIA DRIVE ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LERNER, PATRICIA 5927 JSEUP DR ZEPHYRHILLS FL 33540 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUSTICE, JENNIE 6458 PRESIDENTIAL CIRCLE ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAFRENIERE, CHARLES 5901 UTOPIA DR ZEPHYRHILLS FL 33540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JANICE 6007 PRESIDENTIAL CR ZEPHYRHILLS FL 33540 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCOMAS, CONNIE 5901 TWILIGHT DRIVE ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ROSE 41266 ZENON WAY ZEPHYRHILLS FL 33540 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, DENISE 5749 VIAU WAY ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]* **CHARLES LAFRENIERE TREAS** **813**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/27/01** **780-1781**
 Date Daytime Phone #

CR2E037 (10/00)