

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90051 037 ****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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3143131

Applied For

Not Applicable

5. Certificate of Status Desired

\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	MITCHELL, MARY	
STREET ADDRESS	6371 SPRING LAKE CR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WARD, SOPHIA	
STREET ADDRESS	5936 UTOPIA DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	S	<input type="checkbox"/> Delete
NAME	JUSTICE, JENNY	
STREET ADDRESS	6458 PRESIDENTIAL CIRCLE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAFRENIERE, CHARLES	
STREET ADDRESS	5901 UTOPIA DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	MC COMAS, CONNIE	
STREET ADDRESS	5901 TWILIGHT DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, DENISE	
STREET ADDRESS	5749 VIAU WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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: *Mary Mitchell* **MARY MITCHELL** **Pres** **3/2/02** **782-3704**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)