

2000 UNIFORM BUSINESS REPORT (UBR)

CMR017

DOCUMENT # N96000005310

1. Entity Name

BUCK LAKE ALLIANCE, INC.

FILED

00 MAR 29 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 15996
TALLAHASSEE FL 32317
US

P.O. BOX 15996
TALLAHASSEE FL 32317-5996
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3411946

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TOMASELLO, TOM
WATKINS, TOMASELLO & CALLEN, P.A.
1915 E LAFAYETTE ST SUITE B
TALLAHASSEE FL 32301**

address changed →

Name

Street Address (P.O. Box Number is Not Acceptable)

1107 Terrace St.

City

Tallahassee

FL

Zip Code

32303

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
NAME **WILL, ROBIN**
STREET ADDRESS **7360 SKIPPER LN**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **DEW, JOHN D**
STREET ADDRESS **6527 CHEVY WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
NAME
STREET ADDRESS **100003195551-0**
CITY-ST-ZIP **-04/04/00--01084--009**
*******61.25 *****61.25**

TITLE **PD** Delete
NAME **FURJANIC, STELLA**
STREET ADDRESS **1978 TWO HORSE TRL**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **KOSTURKO, MIKE**
STREET ADDRESS **6089 REDFIELD CIR.**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **VD** Change Addition
NAME **Steve Fredrickson**
STREET ADDRESS **1280 Redfield Road**
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **KE**
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: *Stella Furjanic* RECEIVED *3/28/00* (850) 877-3680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)