

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90036 004 ****61.25

0006647

DOCUMENT # N96000005310

1. Entity Name

BUCK LAKE ALLIANCE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 15996
 TALLAHASSEE FL 32317
 US

P.O. BOX 15996
 TALLAHASSEE FL 32317
 US

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
1107 TERRACE STREET
TALLAHASSEE FL 32303

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD FURJANIC, STELLA**
 STREET ADDRESS **1978 TWO HORSE TRL**
 CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32309**

TITLE Delete
 NAME **VD FREDRICKSON, STEVE**
 STREET ADDRESS **1280 REDFIELD ROAD**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 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 1/12/02 (850) 877-3680
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)