

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001990

1. Entity Name

CRYSTAL LAKE PANTHERS, INC.

**FILED**  
May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90016 017 \*\*\*\*61.25

Principal Place of Business	Mailing Address
605 LONGFELLOW BLVD LAKELAND FL 33801 US	P O BOX 1621 EATON PARK FL 33840-1621 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2292 Crystal View Ct Suite, Apt. #, etc. Lakeland FL	Crystal Lake Panth ex, Inc PO BOX 1621 City & State Eaton Park FL
City & State 33801-2824	City & State Eaton Park FL
Country United States Zip 33804 1621	Country United States Potk St

4. FEI Number	Applied For
59-3438456	Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAYNE GOODWIN 605 LONGFELLOW BLVD LAKELAND FL 33801	Name Russ Pauley Street Address (P.O. Box Number, is Not Acceptable) 2292 Crystal View Ct Lakeland City FL Zip Code 33801 2824

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
Russ Pauley	4-30-00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORST, KATHY 1421 MOMANWOOD DR LAKELAND FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kathy Wood 1421 Morgan Wood Dr Lakeland, FL 33801-2824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BADER, CYNDI 2302 N. CRYSTAL LAKE DR LAKELAND FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Doreen Dowdican 1804 W. Cordova Cir. Lakeland, FL 33801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUREEN GOODWIN 605 LONGFELLOW BLVD LAKELAND FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Russ Pauley 2292 Crystal View Ct Lakeland, FL 33801 2824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODWIN, WAYNE 605 LONGFELLOW BLVD LAKELAND FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jean Dansby P.O. BOX 90232 Lakeland, FL 33804-0232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOE DAVIS 2531 CHRISTY LN LAKELAND FL 33803 <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: KATHY WOOD	DATE: 4-30-00	TIME: 06:32	PHONE: 279 3301
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CR2E037 (9/99)