2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2001 8:00 am DOCUMENT # N9800003492 **Secretary of State** 1. Entity Name SCOTTISH AMERICAN SOCIETY OF LADY LAKE, INC. -24-2001 90007 022 ****61.25 Mailing Address Principal Place of Business P.O. BOX 327 708 VISTA PLACE LADY LAKE FL 32158 LADY LAKE FL 32159 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3497888 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PEACOCK, ROBERT 708 VISTA PLACE LADY LAKE FL 32159 Zip Code City 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. 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be **FILE NOW:** Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TREASURER. Addition TITLE ■ Delete TITLE PEACOCK, 708 VISTA SYKES, PAUL NAME NAME PL. STREET ADDRESS 1733 PALO ALTO AVE STREET ADDRESS 32159 CITY-ST-ZIP LADY LAKE CITY-ST-ZIP LADY LAKE FL 32159 ☐ Addition DIRECTOR. M. Change ☐ Delete TITI F ROBIN RAIN FORD, RAINFORD .. ROBIN = NAME NAME CHERRY HILL RA STREET ADDRESS STREET ADDRESS 1615 CHERRY HILL RD LADY LAKE, JL 32159 CITY-ST-ZIP CITY-ST-ZIP LADY LAKE FL 32159 ☐ Change Addition VICE - PRESIFENT TITLE TITI F Delete MURPHY, ROBINA NAME MALK NAME SAN CHEMENTE DA STREET ADDRESS STREET ADDRESS 1808 SAN LAIS LANE 1450 CITY-ST-ZIP CITY-ST-ZIP FL LAKE LADY LAKE FL 32159 PRES DENT Change TITLE ☐ Addition ☐ Delete TITLE NAME BUBBERT PLACOCK PEACOCK, ROBERT NAME STREET ADDRESS STREET ADDRESS VISTA 708 VISTA PLACE 708 ろえばく CITY-ST-ZIP CITY-ST-ZIP LADY LAKE FL 32159 SECRE PARY CORVINCTON, ISABELLE M Change ☐ Addition ☐ Delete TITLE TITLE CORVINGTON, ISABELLE NAME NAME 628 DOMINGUEZ DR STREET ADDRESS STREET ADDRESS **628 DOMINGAEZ DR** 32159 CITY-ST-ZIP CITY-ST-ZIP LADY LAKE FL 32159 DIRECTOR ☐ Change Addition Delete TITLE TITLE WILLIAM MCDONALD, KEITH NAME NAME BLVD ST. ANDREWS 1231 GRANADA CT STREET ADDRESS STREET ADDRESS

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^{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 an address, with all other like empowere changed, or on an attachment with

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