2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N98000004523 May 17, 2000 8:00 am 1. Entity Name Secretary of State LAKE LETTA RESTORATION ASSOCIATION, INC. 05-17-2000 90863 048 ****61.25 Principal Place of Business Mailing Address 2540 S. LAKE LETTA DR. 2540 S. LAKE LETTA DR. AVON PARK FL 33825 AVON PARK FL 33825-9639 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-085 1645 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 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) BOUTWELL, JOHN 2540 S. LAKE LETTA DR. AVON PARK FL 33825 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition PD TITLE ☐ Delete TITLE KEN GARRABRANT BYERS, MICHAEL NAME NAME 2470 S LAKE LETTA DR STREET ADDRESS 2540 S. LAKE LETTA DR. STREET ADDRESS CITY-ST-ZIP AVON PARK FI 33825 CITY-ST-ZIP **AVON PARK FL 33825** 📈 Change Addition ☐ Delete SD TITLE SPNIV TITLE JUDIE ENGEL NAME ENGEL, JUDIE 2540 1960 STATE Rd 175, STREET ADDRESS STREET ADDRESS 2540 S. LAKE LETTA DR. AVON PARK, F1 33825 CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33825 Delete SAME Change Addition TITLE TD TITLE JOHN BOUTURELL NAME BOUTWELL, JOHN NAME 2540 S. LAKE LETTA PR STREET ADDRESS STREET ADDRESS 2540 S. LAKE LETTA DR. CITY-ST-ZIP AVIN PARK, FL 33825 CITY-ST-ZIP Avon Park Fl 33825 Change Addition VD ☐ Delete TITLE V. DNIY TITLE NAME WILLIAM BARBEN **BROSIUS, CARL** NAME STREET ADDRESS STREET ADDRESS 2040 S. LAKE LETTADR. 2466 S. LAKE LETTA DR. CITY-ST-ZIP AVUN PARK, FL 33825 CITY-ST-ZIP AVON PARK FL 33825 Change 🕍 Addition ☐ Delete TITLE TITLE NAME CLELL NAME STREET ADDRESS 4505 GEORGE STREET ADDRESS Add C(TY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE EldRIdge PollArd PON TIUS NAME 4344 GEORGE STREET ADDRESS STREET ADDRESS 368 S, COMMERUS AVE CITY-ST-ZIP SEBRING F1 33 870 CITY-ST-ZIP SEBRING F3 38 872 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.97(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 CITY-ST-ZIP changed, or on an attachment with an address, with all other like empowered.