2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9900000549 Feb 21, 2000 8:00 am 1. Entity Name **Secretary of State** LAKE HOWELL ENVIRONMENTAL PROTECTION ASSOCIATION 02-21-2000 90030 046 ****61.25 Principal Place of Business Mailing Address 1244 LAKE HOWELL TRAIL 1244 LAKE HOWELL TRAIL WINTER PARK FL 32792 WINTER PARK FL 32792-5702 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. 5 9 ber 3557446 Not Applicable \$8.75 Additional Country Zip 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) LUNG, JOSEPH 1244 LAKE HOWELL TRAIL WINTER PARK FL 32792 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to... FILE NOW: \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **Addition** ☐ Delete TIT TITLE Robert Andrew NÁ NAME Director LUNG, JOSEPH SΠ STREET ADDRESS 1244 LAKE HOWELL TRAIL 1092 Howell Harbor Dr. CII CITY-ST-ZIP <u>WINTER PARK FL 32792</u> Casselberry, FL 32707 TIT Addition ☐ Delete TITLE MCBRAYER, JAMES Charles Krsek STREET ADDRESS SŢ Director 1116 BOCANA DR. cii CITY-ST-ZIP CASSELBERRY FL 32707 654 San Pablo Ave. X Addition TI] ☐ Delete Casselberry, FL 32707 THE KEY COLONY AVE. 626 DESOTO NA ST. STREET ADDRESS CIL CITY-ST-ZIP James Travis Director CASSELBERRY FL 32707 Addition ☐ Delete TIT TITLE 348 Georgetown Dr. NA NAME COLEMAN, DANIEL 'Casselberry, FL 32707 STI STREET ADDRESS 1140 VALLEY CREEK RUN CITY-ST-ZII CITY-ST-ZIP <u>winter Park Fl 32792</u> ☐ Addition Change Delete TITLE NAME gravois, jòlhin NAME STREET ADDRESS STREET ADDRESS 1132 VALLEY GREEK RUN CITY-ST-ZIP CITY-ST-ZIP WINTER/PARK FL 32792 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

2. 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:

| Signature and type or Printed Name of Signing Officer or Director