2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90423 037 ****61.25

0025278

DOCUMENT # N99000000549

1. Entity Name

LAKE HOWELL ENVIRONMENTAL PROTECTION ASSOCIATION

Principal Place of Business	Mailing Address
1244 LAKE HOWELL TRAIL WINTER PARK FL 32792	1244 LAKE HOWELL TRAIL WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3557446 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUNG, JOSEPH
1244 LAKE HOWELL TRAIL
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

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

Florida Dept of State.
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUNG, JOSEPH 1244 LAKE HOWELL TRAIL WINTER PARK FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition JIM TRAVIS 348 GEORGETOWN DR CASSELBERRY, FL 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCBRAYER, JAMES 1116 BOCANA DR. CASSELBERRY FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition JIM SCHRADER 650 SAN PABLO AVE CASSELBERRY, FL 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEIRAUCH, CHARLES 626 DESOTO DR CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DAVID BOCK 2982 WILLOW BAY TER. CASSELBERRY, FL 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEMAN, DANIEL 1140 VALLEY CREEK RUN WINTER PARK FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREW, ROBERT 1092 HOWELL HARBOR DR CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRSEK, CHARLES 654 SAN PABLO AVE CASSELBERRY FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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.

407-678-5941

SIGNATURE: Joseph Lung JOSEPH LUNG DIRECTOR 3/8/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #