

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90095 001 ****61.25

DOCUMENT # N99000002856

1. Entity Name

FOREST LAKE ESTATES CO-OP, INC.



Principal Place of Business

**6429 FOREST LAKE DR.
ZEPHYRHILLS FL 33540**

Mailing Address

**6429 FOREST LAKE DR.
ZEPHYRHILLS FL 33540**

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 **59-3172338**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERNSTEIN, DAVID S ESQ
150 SECOND AVENUE NORTH, 17TH FLOOR
ST PETERSBURG FL 33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE : **DP** ☒ Delete
NAME **WARD, DANIEL J**
STREET ADDRESS **5936 UTOPIA DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **President** ☒ Change ☐ Addition
NAME **Culliford, Beverley A**
STREET ADDRESS **6213 Spring Lake Cir**
CITY-ST-ZIP **Z Hills 33540**

TITLE **DV** ☒ Delete
NAME **MCGINNIS, RUSSELL P**
STREET ADDRESS **5231 VIAU WAY**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Ward, Daniel J**
STREET ADDRESS **5936 Utopia Dr**
CITY-ST-ZIP **Z Hills 33540**

TITLE **DT** ☐ Delete
NAME **SNOWDEN, VICTOR**
STREET ADDRESS **6014 FOREST LAKE DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **Director** ☒ Change ☐ Addition
NAME **McGinnis, Russell P**
STREET ADDRESS **5231 Viau Way**
CITY-ST-ZIP **Z Hills 33540**

TITLE **DS** ☒ Delete
NAME **CULLIFORD, BEVERLY A**
STREET ADDRESS **6213 SPRING LAKE CIRCLE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Matthews, Nancy S.**
STREET ADDRESS **6243 Spring Lake Cir**
CITY-ST-ZIP **Z Hills 33540**

TITLE **D** ☒ Delete
NAME **WARD, DANIEL J**
STREET ADDRESS **5936 UTOPIA DRIVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **Director** ☐ Change ☒ Addition
NAME **Hatch, John**
STREET ADDRESS **6319 Presidential Cir.**
CITY-ST-ZIP **Z Hills 33540**

TITLE **D** ☐ Delete
NAME **RAWLINS, ROBERT**
STREET ADDRESS **6014 PRESIDENTIAL CIRCLE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **Director** ☐ Change ☐ Addition
NAME **Humphrey, Robert**
STREET ADDRESS **6351 Jessup**
CITY-ST-ZIP **Z Hills 33540**

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: **Beverly Culliford** **Beverley Culliford** **Feb 19/03 813 782-1281**

CR2E037 (10/02)