

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90246 015 ****61.25

DOCUMENT # N99000003532

1. Entity Name

LAKE AREA SINGERS, INC.

Principal Place of Business

**3051 S.E. STATE ROAD 21
#7
6
MELROSE FL 32666**

Mailing Address

**3051 S.E. STATE ROAD 21
#7
6
MELROSE FL 32666**

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

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONSTEEL, PATRICIA J
3051 S.E. STATE ROAD 21
#7
6
MELROSE FL 32666**

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

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**

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
SCHULTZ, RICHARD
303 STATE RD 26
MELROSE FL 32666** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200 MASON ROAD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RICE, JACK
303 STATE RD 26
MELROSE FL 32666** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1362 SE CR 21-B ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOODRUFF, MIKE
303 STATE RD 26
MELROSE FL 32666** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
BONSTEEL, PATRICIA
3051 SE STATE ROAD 21, #7
MELROSE, FL 32666** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAYNARD, JOANNE
303 STATE RD 26
MELROSE FL 32666** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GIESEL, TED
6221 Dogwood LANE
MELROSE, FL 32666** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SECRETARY OF STATE

8-30-2001 351-475-1842

CR2E037 (5/01)