

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90112 014 \*\*\*\*61.25

**DOCUMENT # N99000005652**

1. Entity Name

LAKE LUCRETIA HOME OWNERS ASSOCIATION, IN C.

Principal Place of Business

5681 CHEROKEE NENE  
 CRESTVIEW FL 32536

Mailing Address

5681 CHEROKEE NENE  
 CRESTVIEW FL 32536

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3603591

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BUSBEE, PATSY  
 5681 CHEROKEE NENE  
 CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

Name

NO CHANGES

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

*Patsy Busbee*

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

(NOTE: Registered Agent signature required when reinstating)

8-28-00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 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

TITLE	President	D	<input type="checkbox"/> Delete
NAME	Ed Fremion		
STREET ADDRESS	5675 Cherokee Nene		
CITY-ST-ZIP	CRESTVIEW, FL 32536		
TITLE	Secretary/Treasurer	D	<input type="checkbox"/> Delete
NAME	Todd Jeffries		
STREET ADDRESS	5686 Old Bethel Rd.		
CITY-ST-ZIP	CRESTVIEW, FL 32536		
TITLE	ED FREMION	D	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS	5675 Cherokee Nene		
CITY-ST-ZIP	CRESTVIEW, FL 32536		
TITLE	Rita Preston		<input type="checkbox"/> Delete
NAME			
STREET ADDRESS	5674 Old Bethel Rd.		
CITY-ST-ZIP	CRESTVIEW, FL 32536		
TITLE	Frank Busbee		<input type="checkbox"/> Delete
NAME			
STREET ADDRESS	5681 Cherokee Nene		
CITY-ST-ZIP	CRESTVIEW, FL 32536		
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

*Ed Fremion* REQUIRED Ed Fremion

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (5/00)