

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90428 045 \*\*\*\*61.25

**DOCUMENT # 724771**

1. Entity Name

**SADDLEBAG LAKE OWNERS ASSOCIATION**

Principal Place of Business

Mailing Address

**499 SADDLEBAG LAKE ROAD  
 LAKE WALES FL 33853-7113  
 US**

**499 SADDLEBAG LAKE ROAD  
 LAKE WALES FL 33853-7113  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-151517**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33898-7113**

**33898-7113**

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

**YEOMANS, JAMES W.  
 499 SADDLEBAG LAKE ROAD  
 LAKE WALES FL 33853**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code  
**33898-7113**

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**

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 **V**  Delete  
 NAME **STURMS, SAM**  
 STREET ADDRESS **34 SADDLEBAG TRAIL**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE **P**  Delete  
 NAME **DAIN, RICHARD**  
 STREET ADDRESS **20 GREY FOX**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **SECRETARY**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE **T**  Delete  
 NAME **WIEHENG, JAMES**  
 STREET ADDRESS **20 GINGER QUILL**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE **D**  Delete  
 NAME **COMAN, NICK**  
 STREET ADDRESS **27 SADDLEBAG TRAIL**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE **S**  Delete  
 NAME **SCHEVERS, GARY**  
 STREET ADDRESS **43 RED QUILL**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **DIRECTOR**  Change  Addition  
 NAME **GEORGE "BILL" SMITH**  
 STREET ADDRESS **97 BEAVERKILL**  
 CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE **D**  Delete  
 NAME **WEIRAUCH, EDWARD**  
 STREET ADDRESS **20 ROYAL COACHMAN**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **PRESIDENT**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **LAKE WALES FL 33898**

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** *Edward Weirauch* **EDWARD WEIRAUCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(863) 696-1655**

Daytime Phone #

CR2E037 (9/01)