2000 UNIFORM BUSINESS REPORT (UBR)

000 8:00 am y of State

15 019 ********61.25

2000 UNIFORM BUS		99 KEPU	KI (UB	<u> </u>	FILED	
DOCUMENT # 736168				\mathbf{N}	1ar 20, 2000	
1. Entity Name					Secretary of	
LA CASA DE LAKE WALES ASSOCIATION,		INC.			03-20-2000 90115 019 *	
Principal Place of Business	Mailir	ng Address				
10 LA CASA LAKE WALES FL 33853 US		CASA WALES FL 33853-7183	1			
2. Principal Place of Business	3. Ma	lling Address	<u> </u>			
Suite, Apt. #, etc.	Sui	te, Apt. #, etc.			DO NOT WRITE IN THIS SPA	
City & State	City	& State		4. FEI Numbe	^{er} 59-1844680	
Zip Country	Zip		Country	5. Certificate	of Status Desired	
6. Name and Address of Currer	nt Register	id Agent		7. Name and	Address of New Registered Age	
HOLLOWELL, ROGER 10 LA CASA LAKE WALES FL 33853	ر د سید		Street A	Chery M. Address (P.D. Box Number 336 D. S.	Mortin, CPA er is Not Acceptable) Huy 875	
8. The above named entity submits this statement	for the purp	ose of changing its re	egistered office o	r registered agent, or bot	h, in the state of Florida.	
SIGNATURE	nt and title if app	ofcable. (NOTE	Registered Agent signa	ture required when reinstating)	DATE	
FILE NOW: FEE IS \$61.25	9.	Election Campaign f Trust Fund Contribut		\$5.00 May Be Added to Fees	Make Check Pay Department of	
10. OFFICERS AND D	DIRECTORS	i	11.		ANGES TO OFFICERS AND DIREC	
TITLE PD NAME JENKINS, GEORGE H STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853		Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT L 232 LAC LAKB WA	COKER ASA KLES, FL 33853	

THIS SPACE

Applied For Not Applicable

\$8.75 Additional Fee Required tered Agent PΑ DATE heck Payable to tment of State

ND DIRECTORS IN 10 ☐ Change **X** Addition 3853 ☐ Change **X** Addition TITLE TITLE · 🔀 Delete BARBY WERNER GROOVER, FRED NAME NAME STREET ADDRESS STREET ADDRESS 132 LA CASA CITY-ST-ZIP **53853** CITY-ST-ZIP LAKE WALES FL 33853 Delete . . Change ___ Addition TITLE TITLE VD. TIERNEY RAMSEA, DON NAME NAME WILLIAM STREET ADDRESS 122 LA STREET ADDRESS 113 LA CASA CASA CITY-ST-ZIP 33853 CITY-ST-ZIP AKB LAKE WALES FL 33853 **Q** 2 Delete. TITLE ☐ Change **X** Addition TITLE LILLIAN FESSLER NAME WHARFF, MARCIA NAME 101 LA CASA STREET ADDRESS STREET ADDRESS 233 LA CASA CITY-ST-ZIP LAKE WALES 33853 CITY-ST-ZIP LAKE WALES FL 33853 Delete ☐ Change Addition A TITLE TITLE USUN COYNE NAME ANDERSON, FAYE NAME 133 LA CASA STREET ADDRESS STREET ADDRESS 223 LA CASA CITY-ST-ZIP 33853 CITY-ST-ZIP LAKE WALES FL 33853

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

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

Addition