

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90257 033 ****61.25

DOCUMENT # 711473

1. Entity Name

LAKE PLACID GARDEN CLUB, INC.

Principal Place of Business

Mailing Address

**FIRST PRESBYTERIAN CHURCH
 117 N.OAK ST.
 LAKE PLACID FL 33852
 US**

**P.O.BOX 2193
 LAKE PLACID FL 33862-2193**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2291802

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROOD, SUE
 617 SPRING LAKE BLVD
 SEBRING FL 33870**

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**

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	PD	<input type="checkbox"/> Delete
NAME	ROOD, SUE	
STREET ADDRESS	617 SPRING LAKE BLVD	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARE, MARYEL	
STREET ADDRESS	101 ORANGE RD NW	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	V	<input type="checkbox"/> Delete
NAME	GROVES, ANN	
STREET ADDRESS	229 MOONGLOW AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	S	<input type="checkbox"/> Delete
NAME	RICHTER, PAT	
STREET ADDRESS	110 MURRAY CT NW	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PUZEY, SHIRLEY	
STREET ADDRESS	43 MEADOWLAKE CIR N	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUSSLERE, RUTH	
STREET ADDRESS	324 KOMOTO NE	
CITY-ST-ZIP	LAKE PLACID FL 33852	

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	
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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:

Shirley Puze
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00
 Date

863-465-3008
 Daytime Phone #

604418



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)