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2001 UNIFORM BUSINESS REPORT (UBR)

LAKE PLACID GARDEN CLUB, INC. 01-19-2001 90054 050 ****61.25 Principal Place of Business FRST PRESBYTERAN CHURCH 117 NOAK ST LAKE PLACID FL 33862 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State	DOCUMENT # 711473						Jan 19, 2001 8:00 am Secretary of State			
FIRE PROOF IS 3882 2. Principal Prace of Business 3. Making Address Suite, Agr. # etc. Suite, Agr. # e	LAKE P	LACID GARDEN CLUB, INC.				l l	•			
IT NOME ST. LAKE PADD F. 3982 2. Principal Pace of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State A. FEI Number 59-2281802 Applicable So. Certificate of Status Desired For Required For State Segon Address of Now Registered Agent Name Shicke Lite Lite FL Zip Code 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	Principal Place of Business Mailing Address					7				
Sute, Apt. #. etc. Sute, Apt. #. etc. DO NOT WRITE IN THIS SPACE Coy & State Cry & State Cry & State A. FEI Number S9-2281802 Appried For Application Application Application Application Application For Name and Address of Current Registered Agent Name and Address of Status Desired S8.75 Addisonal For Spring LAKE BLVD Superind For Not Registered Agent Name and Address of New Registered Agent ROOD, SUE Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable FILE NOW: Superind For Not Receptable Superind For Not Receptable F	117 N.OAK ST. LAKE PLACID FL 33852					13 6				
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Typ Country Zp Country 5. Certificate of Status Desired Status Desired 5. Status Desired 6. Status Des	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Shickey Puzey Susea Address (PO. Box Number (Not Acceptable) 13. Meadour larke: Cir. M. Susea Address (PO. Box Number) foot Acceptable) 14. Meadour larke: Cir. M. Signature: File Now: File Now	City & State		City & State			4. FEI Numbe	59-2291802			
ROOD, SUE 617 SPRING LAKE BLVD SEBRING FL 33870 City Lake Place L City Lake Place L FL 20 Code 3 385 2 8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 TO SPRING LAKE BLVD SERRING FL 33870 Deficies III. ROOD, SUE 617 SPRING LAKE BLVD SERRING FL 33870 Deficies III. ROOD, SUE 617 SPRING LAKE BLVD SERRING FL 33870 Deficies III. ROOD DEFICERS AND DIRECTORS III. ROOD, SUE 617 SPRING LAKE BLVD SIRET AURRESS SIRET AURRESS CITY-ST-20 LAKE PLACID FL 33852 DIV-ST-20 LAKE PLACID FL 33852 DIV-ST-20 LAKE PLACID FL 33852 THE NAME SIRET AURRESS GROVES, ANN SIRET AURRESS GRO	Zip	Country	Zip	Counti	ry					
ROOD, SUE 617 SPRING LAKE BLVD SEBRING FL 33870 8. The above named ontity submits this statement for the purpose of changing its repistered office or registered agent, or both, in the state of Florida. SIGNATURE Auditor		6. Name and Address of Current			7. Name and Address of New Registered Agent					
SIGNATURE Signature See		ali u	and the second section of the second	-	Name Shicley Puzer					
8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the state of Florida. SIGNATURE SULLY SURPLES STATES STAT	617 SPRII	NG LAKE BLVD	P		Street Address	s (P,O. Box Numbe	rjs Not Acceptable)			
SIGNATURE Signature Special or principlywore of registerity state applicable (NOTE Registered algority recurred when renetationg) / Special Special principlywore of registerity state applicable (NOTE Registered Agent signature recurred when renetationg) Special principly Special princ	SEDNING	· ·		<u> </u>	City Lake 1	Plac i 1	FL			
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Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD	SIGNATURE Signature, typed or printrofhame of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) NOTE: Registered Agent signature required when reinstating) DATE									
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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					ADDRESS /55	, Ph I	FL 33852-4030	<u>ن</u>	1	
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changed of on an attachment with an address with all other tive exposured	indicated of the cor	erify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that my wered to execute this report as	signature	tion stated in Se shall have the	Section 119.07(3)(i same legal effect), Florida Statutes. I further cer as if made under oath; that I a	am an officer o	or director	

SIGNATURE: SIGNATURE AND THE DEPOSITE VALUE OF SIGNING OFFICER OF PUREY 1/5/200/ 863-465-3008