

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90054 050 \*\*\*\*61.25

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**DOCUMENT # 711473**  
 1. Entity Name  
**LAKE PLACID GARDEN CLUB, INC.**

Principal Place of Business <b>FIRST PRESBYTERIAN CHURCH          117 N.OAK ST.          LAKE PLACID FL 33852          US</b>	Mailing Address <b>P.O. BOX 2193          LAKE PLACID FL 33862</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2291802</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ROOD, SUE  
 617 SPRING LAKE BLVD  
 SEBRING FL 33870**

7. Name and Address of New Registered Agent  
 Name Shirley Puzey  
 Street Address (P.O. Box Number is Not Acceptable)  
43 Meadowlake Cir. N.  
 City Lake Placid FL Zip Code 33852

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 Shirley Puzey (NOTE: Registered Agent signature required when reinstating) DATE 1/5/2001

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ROOD, SUE 617 SPRING LAKE BLVD SEBRING FL 33870</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CLARE, MARYEL 101 ORANGE RD NW LAKE PLACID FL 33852</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GROVES, ANN 229 MOONGLOW AVE LAKE PLACID FL 33852</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RICHTER, PAT 110 MURRAY CT NW LAKE PLACID FL 33852</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PUZEY, SHIRLEY 43 MEADOWLAKE CIR N LAKE PLACID FL 33852</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BUSSLERE, RUTH 324 KOMOTO NE LAKE PLACID FL 33852</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO Shirley Puzey 43 Meadowlake Cir N. Lake Placid, FL 33852</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VO Jimmie Kay Fortunato 116 Pennsylvania Ave. N.W. Lake Placid, FL 33852</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Pat Richter 110 Murray Ct., N.W. Lake Placid, FL 33852</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Marvene McPhee 14 Carefree Ct. Venus, FL 33960</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TO Patsy Stamm 1559 S. Washington Blv. N.W. Lake Placid, FL 33852-4030</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Katrinka Howe 1779 S. Washington Blv. NW Lake Placid, FL 33852</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 Puzey **SHIRLEY PUZEY** DATE 1/5/2001 863-465-3008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)