

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723059

1. Entity Name

LAKELAND LETTER CARRIERS ASSOCIATION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90133 044 ****61.25

704007



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2434 GOLFVIEW ST. P.O. BOX 3343 LAKELAND FL 33802-0343	Mailing Address 2434 GOLFVIEW ST. P.O. BOX 3343 LAKELAND FL 33802-3343 US
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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 59-1727916	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent BRINEGAR, WAYNE 627 ORIOLE DR. LAKELAND FL 33803	7. Name and Address of New Registered Agent Name WAYNE BRINEGAR Street Address (P.O. Box Number is Not Acceptable) 210 LAKE HOLLINGSWORTH DR APT-705 LAKELAND FL 33803 City LAKELAND FL Zip Code 33803
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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 Wayne Brinegar WAYNE BRINEGAR 1-13-2000
Signature, typed or printed name of registered agent and date 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 NAME STREET ADDRESS CITY-ST-ZIP	TR MCAFFEE, JOHN 4502 FLINT ROCK LOOP LAKELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REPINE, ALLEN 305 GREENWOODS DR. LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINDER, DAVID 603 LONGFELLOW BLVD. LAKELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BALDWIN, JERRY A 4310 COUNTRY TRAIL DR. POLK CITY FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVN, W. KIRT 37402 MERIDIAN AVE DADE CITY FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRINEGAR, WAYNE 627 ORIOLE DR LAKELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sec-Treas WAYNE BRINEGAR 210 LAKE HOLLINGSWORTH DR APT-705 LAKELAND FL 33803

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: Wayne Brinegar WAYNE BRINEGAR Sec-Treas 1-12-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)