

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723059

1. Entity Name

LAKELAND LETTER CARRIERS ASSOCIATION, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90090 020 ****61.25

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

000006081



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1727916

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

BRINEGAR, WAYNE
210 LAKE HOLLINGSWORTH DR
APT 705
LAKELAND FL 33803

Name WAYNE BRINEGAR

Street Address (P.O. Box Number is Not Acceptable)
210 LAKE HOLLINGSWORTH DR APT 705

City LAKELAND

FL

Zip Code 33803

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
NAME TR
STREET ADDRESS MCAFFEE, JOHN
CITY-ST-ZIP 4502 FLINT ROCK LOOP
LAKELAND FL

☐ Delete

TITLE
NAME T
STREET ADDRESS REPINE, ALLEN
CITY-ST-ZIP 305 GREENWOODS DR.
LAKELAND FL 33813

☐ Delete

TITLE
NAME T
STREET ADDRESS KINDER, DAVID
CITY-ST-ZIP 603 LONGFELLOW BLVD.
LAKELAND FL

☐ Delete

TITLE
NAME CP
STREET ADDRESS BALDWIN, JERRY A
CITY-ST-ZIP 4310 COUNTRY TRAIL DR.
POLK CITY FL 33868

☐ Delete

TITLE
NAME P
STREET ADDRESS SULLIVN, W. KIRT
CITY-ST-ZIP 37402 MERIDIAN AVE
DADE CITY FL 33525

☐ Delete

TITLE
NAME ST
STREET ADDRESS BRINEGAR, WAYNE
CITY-ST-ZIP 210 LAKE HOLLINGSWORTH DR #705
LAKELAND FL 33803

☐ Delete

TITLE
NAME TRUSTEE
STREET ADDRESS ED HENSON
CITY-ST-ZIP 4606 VALLIUMVIEW DR E
LAKELAND FL 33813

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☒ Change ☐ 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: Wayne Brinegar Sec. Treas

863 686-4121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)