

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90013 031 ****61.25

DOCUMENT # 723059

1. Entity Name

LAKELAND LETTER CARRIERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**GOLFVIEW ST.
 P.O. BOX 3343
 LAKELAND FL 33802-0343**

**2434 GOLFVIEW ST.
 P.O. BOX 3343
 LAKELAND FL 33802-3343
 US**



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 HOLLINGWORTH DR~~
~~APT 801~~
~~LAKELAND FL 33803~~**

Name
 Street Address (P.O. Box Number is Not Acceptable)
315 BOGER BLVD N
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TR	<input type="checkbox"/> Delete
NAME	HENSON, ED	
STREET ADDRESS	4606 VALLEY VIEW DR E	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	REPINE, ALLEN	
STREET ADDRESS	305 GREENWOODS DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	KINDER, DAVID	
STREET ADDRESS	603 LONGFELLOW BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	CP	<input type="checkbox"/> Delete
NAME	BALDWIN, JERRY A	
STREET ADDRESS	4310 COUNTRY TRAIL DR.	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	P	<input type="checkbox"/> Delete
NAME	SULLIVN, W. KIRT	
STREET ADDRESS	37402 MERIDIAN AVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRINEGAR, WAYNE	
STREET ADDRESS	210 LAKE HOLLINGSWORTH DR #801	
CITY-ST-ZIP	LAKELAND FL 33803	

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	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	315 BOGER BLVD N
CITY-ST-ZIP	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 DATE: 1-24-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #
WAYNE BRINEGAR Sec-Treas 863 686-0266

CR2E037 (9/01)