

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90117 041 ****61.25

DOCUMENT # 732749

1. Entity Name

YOUNG MEN'S CHRISTIAN ASSOCIATION OF LAKE LAND, I

Principal Place of Business

Mailing Address

**3620 CLEVELAND HGHTS BLVD
 LAKE LAND FL 33803-1997**

**3620 CLEVELAND HGHTS BLVD
 LAKE LAND FL 33803-4963**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1158144

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

**COLLINS, ALICE SLACK
 3620 CLEVELAND HEIGHTS BLVD
 LAKE LAND FL 33803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Alice Slack Collins

Alice Slack Collins, President/CEO 4/28/00

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 **CD** Delete
 NAME **ANDERSON, TOM**
 STREET ADDRESS **6004 PIER PLACE DRIVE**
 CITY-ST-ZIP **LAKE LAND FL**

TITLE **TD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Delete
 NAME **BURNETTE, ROBERT**
 STREET ADDRESS **1824 ASHER RD**
 CITY-ST-ZIP **LAKE LAND FL**

TITLE **Past Chair D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **GITHENS, STEVE**
 STREET ADDRESS **611 KERNEYWOOD**
 CITY-ST-ZIP **LAKE LAND FL**

TITLE **CD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **GARLOCK, HAROLD**
 STREET ADDRESS **1349 SCOTTSDALE DRIVE**
 CITY-ST-ZIP **LAKE LAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Change Addition
 NAME **Rabin, Gary S.**
 STREET ADDRESS **PO Box 3**
 CITY-ST-ZIP **Lakeland, FL 33802**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Change Addition
 NAME **Tart, Doug**
 STREET ADDRESS **2732 Coventry Avenue**
 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:

Alice Slack Collins

Alice Slack Collins, President/CEO 4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE