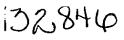
2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **732846** Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State** LEARNING RESOURCE CENTER OF POLK COUNTY, INC. 03-13-2000 90039 028 ****61.25 Mailing Address Principal Place of Business 904 S. MISSOURI AVENUE 904 S. MISSOURI AVENUE LAKELAND FL 33803-1034 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 51-0182646 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MILLER, BETH 904 S. MISSOURI AVENUE LAKELAND FL 33803 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to ' FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition A TITLE - . Change Delete PD TITLE KENNEDY, CATHY NAME Kenneth Siegel NAME STREET ADDRESS STREET ADDRESS 114 Palmola 5231 SLIGH RD CITY-ST-ZIP CITY-ST-ZIP Lakeland, FI <u>Lakeland</u> fl **X** Addition X Delete TITLE TITLE VD NAME Joyce Barclay NAME HOLLEN, RANDY STREET ADDRESS 2012 Lake Bentley Court STREET ADDRESS 1222 HAMMOCK SHADE DR CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL LAKELAND FL X Addition TITLE TITLE ۷D Delete VD NAME NAME SIEGEL, KENNETH Hugh Autry STREET ADDRESS STREET ADDRESS 200 LAKE MORTON DR 1324 Lakeland Hills Blvd. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Lakeland, FL 1 Change Addition TITLE Delete TITLE SD NAME Pamela Craven NAME BOYINGTON, STEVE STREET ADDRESS STREET ADDRESS 110 S KENTUCKY AVE 13 Loma Alta CITY-ST-ZIP CITY-ST-ZIP Lakeland fl Lakeland, FL 1 Change Addition Delete TITLE TITLE NAME Lyle Philipson NAME AUTRY, HUGH STREET ADDRESS STREET ADDRESS 4130 S. Florida Avenue 1324 LAKELAND HILLS BLVD CITY-ST-ZIP CITY-ST-ZIP <u>Lakeland, FL</u> LAKELAND FL 33804 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 withan andress, with all other like empowered.



HHOChment 00036873

Learning Resource Center Board of Directors 1999-2000

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