

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758318

1. Entity Name

LAKE ARROWHEAD BUSINESS AND SOCIAL CLUB, INC.

FILED

Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90029 009 ****61.25

Principal Place of Business

Mailing Address

2860 BUS 41
N FT MEYERS FL 33917
US

2860 BUS 41
N FT MEYERS FL 33917
US

2. Principal Place of Business

2860 BUSINESS 41

3. Mailing Address

2860 BUSINESS 41

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. FT. MYERS, FL

City & State

N. FT. MYERS, FL

4. FEI Number

65-0103822

Applied For

Not Applicable

Zip

33917

Country

US

Zip

33917

Country

US

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

LANEY, CAROL M
3171 RAIN DANCE LANE
N FT MEYERS FL 33917

Name LAMBERT, MARY ANN

Street Address (P.O. Box Number is Not Acceptable)
3145 LINWOOD DRIVE

City N. FT. MYERS

FL

Zip Code 33917

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.

MARY ANN LAMBERT

SIGNATURE

Mary Ann Lambert

03/04/02

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 D ☒ Delete
NAME DILLING, HENRY
STREET ADDRESS 3113 OLD FARMHOUSE
CITY-ST-ZIP N FT MEYERS FL 33917

TITLE D ☒ Change ☐ Addition
NAME SMITH, BERNICE
STREET ADDRESS 3154 LONGVIEW LANE
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE P ☒ Delete
NAME SMITH, BERNICE
STREET ADDRESS 3154 LONGVIEW LANE
CITY-ST-ZIP N FT MEYERS FL 33917

TITLE P ☒ Change ☐ Addition
NAME WODA, BOB
STREET ADDRESS 3061 LONGVIEW LANE
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE SD ☒ Delete
NAME LANEY, CAROL M
STREET ADDRESS 3171 RAIN DANCE LANE
CITY-ST-ZIP N. FT. MYERS FL 33917

TITLE SD ☒ Change ☐ Addition
NAME LAMBERT, MARY ANN
STREET ADDRESS 3145 LINWOOD DRIVE
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE TD ☒ Delete
NAME LYNCH, LOIS
STREET ADDRESS 3053 LONGVIEW LN
CITY-ST-ZIP N FT MEYERS FL 33917

TITLE TD ☒ Change ☐ Addition
NAME FELDMAN, LOIS
STREET ADDRESS 3080 LONGVIEW LANE
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE D ☐ Delete
NAME FISCHER, KAROL
STREET ADDRESS 2984 LONGVIEW LANE
CITY-ST-ZIP N FT MEYERS FL 33917

TITLE D ☐ Change ☐ Addition
NAME SAME

TITLE D ☐ Delete
NAME PICARD, NAOMI
STREET ADDRESS 3072 LONGVIEW LANE
CITY-ST-ZIP NORTH FT. MYERS FL 33917

TITLE D ☐ Change ☐ Addition
NAME SAME

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:

MARY ANN LAMBERT

03/04/02

(941) 995-6986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)