

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90010 041 \*\*\*\*61.25

0012874

**DOCUMENT # N00000002582**

1. Entity Name  
**MAGNOLIA MANOR OF LAKELAND HOMEOWNERS' ASSOCIATI**

Principal Place of Business      Mailing Address

**3838 S. FLORIDA AVE.  
 LAKELAND FL 33813**      **P.O. BOX 922  
 KATHLEEN FL 33849-0922**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEL Number  
**59-3687583**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ADAMS, ROBERT J  
 3838 S. FLORIDA AVE.  
 LAKELAND FL 33813**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GARDNER, DAVID H</b>	
STREET ADDRESS	<b>3838 S. FLORIDA AVE.</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, ROBERT A</b>	
STREET ADDRESS	<b>3838 S. FLORIDA AVE.</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, D. JOEL</b>	
STREET ADDRESS	<b>3838 S. FLORIDA AVE.</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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: *David H Gardner*      8-15-01      8636449123

CR2E037 (5/01)