# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 22, 2002 8:00 am**
**Secretary of State**
03-22-2002 90066 005 ****61.25

DOCUMENT # N01000007367

1. Entity Name

LAKELAND, FL. CHAPTER OF THE SPEBSQSA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5973 GROUSE DR<br>LAKELAND FL 33809 | 5973 GROUSE DR<br>LAKELAND FL 33809 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6144 Swallow Drive | 6144 Swallow Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Lakeland, FL | City & State: Lakeland, FL |
| Zip: 33809-5697 Country: Polk | Zip: 33809-5697 Country: Polk |

4. FEI Number: 59-3665448 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| MIHALICK, LEONARD<br>5973 GROUSE DR<br>LAKELAND FL 33809 | Name: Shrode, Russell J.<br>Street Address (P.O. Box Number is Not Acceptable): 6144 Swallow Drive<br>City: Lakeland, FL Zip Code: 33809-5697 |

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: Russell J. Shrode, Treasurer/Secretary — DATE: 2/28/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>BUTORAC, VINCENT<br>934 FAIRLINGTON DR<br>LAKELAND FL 33813 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>McClure, Lee<br>1031 Penguin Place<br>Lakeland, FL 33809 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>MIHALICK, LEONARD<br>5973 GROUSE DR<br>LAKELAND FL 33809 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>SHRODE, RUSSELL<br>6144 SWALLOW DR<br>LAKELAND FL 33809 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT/S<br>Shrode, Russell J.<br>6144 Swallow Drive<br>Lakeland, FL 33809-5697 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>Benyo, Michael<br>1910 Creekbend Drive<br>Lakeland, FL 33811-1408 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Russell J. Shrode, Treasurer/Secretary — 2/28/02 — 863-859-6473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #