

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

0013914

DOCUMENT # NO2000007217

1. Entity Name

KEEP LAKE PLACID BEAUTIFUL, INC.



01-31-2003 90137 020 ****61.25

09-08-2003 90318 049 ****61.25

Principal Place of Business

**401 DAL HALL BOULEVARD
LAKE PLACID FL**

Mailing Address

**401 DAL HALL BOULEVARD
LAKE PLACID FL**

2. Principal Place of Business

3. Mailing Address

18 N OAK ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID FL

4. FEI Number

42-1551360

Applied For

Not Applicable

Zip

Country

Zip

Country

33852

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, BERT J
401 DAL HALL BOULEVARD
LAKE PLACID FL**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Eileen May

E May

8/25/03

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Delete
NAME **Bert Harris III**
STREET ADDRESS **401 DAL HALL BVD**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **Vice President** ☐ Delete
NAME **CAROLYN PHYPERS**
STREET ADDRESS **705 CR 621 E**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **Secretary, Treasurer** ☐ Delete
NAME **EILEEN MAY**
STREET ADDRESS **18 N OAK ST**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **Asst. Treasurer** ☐ Delete
NAME **Jim CLINARD**
STREET ADDRESS **600 US-27 N**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **MIKE EISENHART Director** ☐ Delete
NAME **MIKE EISENHART**
STREET ADDRESS **901 SR 70**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **Director** ☐ Delete
NAME **MARCEL CLARE**
STREET ADDRESS **18 N OAK ST**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

8/25/03 *(863) 465-4331*

CR2E037 (4/03)