

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11116

1. Entity Name

LAKES EDUCATION/ACTION DRIVE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90012 007 ****61.25

Principal Place of Business

Mailing Address

2300 NEW JERSEY RD
LAKELAND FL 33803
US

PO BOX 1551
LAKELAND FL 33802-1551
US

2. Principal Place of Business

136 Okaloosa Drive

3. Mailing Address

Two East Lake Howard Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

59-2741774

Applied For

Not Applicable

Zip
33884

Country
US

Zip

33881-3153

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

FENTON, WILLIAM V. JR.
2300 NEW JERSEY ROAD
LAKELAND FL 33803

Name

Thomas E. Jennings

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

Two East Lake Howard Drive

City

Winter Haven

FL

Zip Code

33881-3153

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

Signature, typed or printed name of registered agent and title if applicable.

Thomas E. Jennings, Treasurer

(NOTE: Registered Agent signature required when reinstating)

05-01-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
ENGLE, WALT
92 LAKE WIRE DR
LAKELAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Engle, Walt
321 S. Kentucky Ave.
Lakeland, FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHWARTZ, CHERYL
2191 BEAR ISLAND RD
LAKE BUENA VISTA FL 32830

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Garrity, Richard
4138 S. Polk Ave.
Lakeland, FL 33813

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JENNINGS, THOMAS E.
TWO EAST LAKE HOWARD DR
WINTER HAVEN FL 33881-3153

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Hafer, David
1700 Hwy. 17 South
Bartow, FL 33830

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GARRITY, RICHARD D
3804 COCONUT PALM DR
TAMPA FL 33619

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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

Thomas E. Jennings

05-01-00

863-294-3568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)