

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90037 039 \*\*\*\*61.25

**DOCUMENT # N16109**

1. Entity Name

**HISTORIC LAKE WALES SOCIETY INC.**

Principal Place of Business

Mailing Address

325 S. SCENIC WAY.  
LAKE WALES FL 33853

325 S. SCENIC WAY.  
LAKE WALES FL 33853-3873

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2803658**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HARDMAN, MARY LEIGH**  
**300 LAKESHORE BLVD.**  
**LAKE WALES FL 33853**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  Delete  
**HARDMAN, MARY LEIGH**  
**300 LAKESHORE BLVD.**  
**LAKE WALES FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  Delete  
**PORTER, W. SIDNEY**  
**842 GOLDEN BOUGH ROAD**  
**LAKE WALES FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  Delete  
**WATERS, CHRISTINE BRYAN**  
**BRYAN GROVES**  
**BABSON PARK FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  Delete  
**HARDMAN, WILLIAM M.**  
**300 LAKESHORE BLVD.**  
**LAKE WALES FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  Delete  
**WHEELER, LEE A III**  
**228 S. 4TH ST.**  
**LAKE WALES FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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:**

*Mary Leigh Hardman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Date

Daytime Phone #