

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90239 014 \*\*\*\*61.25

**DOCUMENT # N21366**

1. Entity Name

**LAKELAND NORTH ROTARY CLUB, INC.**

Principal Place of Business

Mailing Address

4740 CLEVELAND HEIGHTS BOULEVARD  
 C/O RONALD L. CLARK  
 LAKELAND FL 33813-2187

PO BOX 362  
 LAKELAND FL 33802-0362  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**B. 500 South Florida Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2nd 800**

City & State

City & State

**Lakeland, FL**

4. FEI Number

**59-2871460**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33801**

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

CLARK, RONALD L.  
 4740 CLEVELAND HEIGHTS BOULEVARD  
 LAKELAND FL 33803

Name  
**JOHN J. LANCASTER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**500 South Florida Avenue**  
**Suite 800**  
 City  
**Lakeland** FL Zip Code  
**33801**

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

*[Handwritten Signature]*

**1/16/02**

**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	PD HORST, MAX 555 PENINSULAR DR LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANCASTER, JOHN J 512 CENTURY OAK CT LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGHES, EVELYN 701 SPICEWOOD DR LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, MARK 5910 KOSTER ROAD LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEE, CHALES 120 MORNINGSIDE DR LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> Max, Horst 555 Peninsular Dr. Lakeland, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> Lancaster, John J. 512 Century Oak Ct. Lakeland, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> Watson, Mark 5910 Koster Rd. Lakeland, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Schobl, Barbara 8395 Alturas Rd Bartow, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> Everhart, John 5233 US Hwy 98N #80 Lakeland, FL 33805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Hughes D</b> Hughes, Evelyn 701 Spicewood Dr Lakeland FL 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *[Handwritten Signature]* Date: **2-16-02** Daytime Phone #: **863-665-5368**

CR2E037 (9/01)