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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 15, 2001 8:00 am § Secretary of State **DOCUMENT # N23480** 1. Entity Name 05-15-2001 90194 029 ****70.00 LAKE LYTAL LASSIE LEAGUE, INC. Principal Place of Business Mailing Address 3645 GUN CLUB RD. PO BOX 17362 C0066673 WEST PALM BEACH FL 33416 WEST PALM BCH FL 33416-7362 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0125253 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES Street Address (P.O. Box Number is Not Acceptable) BELL. CONNIE 8035 DILLMAN ROAD KENYON ROAD WEST PALM BEACH FL 33411 City 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 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS **⊠** Delete TITLE ☐ Addition TITLE MARTIN, TIM 1355 ELMBANK WAY NAME NAME HALE, MORRIS U STREET ADDRESS STREET ADDRESS 2702 ROCKEY DRIVE, BAY A CITY-ST-ZIP CITY-ST-7IP ROYAL PALM BEACH FL 33413 WEST PALM BEACH FL 33409 Addition TITI F TITLE Delete Delete STANLEY, LISA 1355 ELMBANK WAY ROYAL PALM BEACH, FL 33413 DUCOTE, MARY NAME NAME STREET ADDRESS STREET ADDRESS 74 CLEVELAND RD CITY-ST-ZIP CITY-ST-ZIP. LAKE WORTH FL 33467 ☐ Addition TITLE ☐ Delete TITLE HAMMUND, JAMES W. 3789 KENYUN RUAD LAKE WORTH FL 33461 NAME HAMMOND, JAMES W NAME STREET ADDRESS 3789 KENYON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF LAKE WORTH FL 33461 TITLE Delete TITLE ☐ Addition HART-SMITH PATRICIA BELL, CONNIE NAME NAME STREET ADDRESS STREET ADDRESS 8035 DILLMAN ROAD CITY-ST-ZIP CITY-ST-ZIP LAICE WORTH WEST PALM BEACH FL 33411 TITI F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 expowered.