

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90083 019 ****61.25

DOCUMENT # N93000001014

1. Entity Name

THE LAKE PLACID MURAL SOCIETY, INC.

Principal Place of Business

Mailing Address

159 DEANNA DRIVE
 LAKE PLACID FL 33852
 US

PO BOX 336
 LAKE PLACID FL 33862-0336
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0393532

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTER, HARRIET R.
159 DEANNA DRIVE
LAKE PLACID FL 33852

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

Harriet Porter

1/18/00

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	#VP	<input type="checkbox"/> Delete
NAME	PORTER, ROBERT	
STREET ADDRESS	159 DEANNA DRIVE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, HECTOR	
STREET ADDRESS	119 CUMQUAT RD NW	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PORTER, HARRIET	
STREET ADDRESS	159 DEANNA DRIVE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	#D	<input type="checkbox"/> Delete
NAME	MCGOVERN, EDITH L.	
STREET ADDRESS	329 4TH AVE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	#P	<input type="checkbox"/> Delete
NAME	BASTARDI, STEVE	
STREET ADDRESS	36 TWIN LAKES ROAD	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONETT, JOE	
STREET ADDRESS	404 ADAMS AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	

TITLE	CEO D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAUDIA BISHOP	
STREET ADDRESS	213 HOOVER AVE. NE	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL DAVIS	
STREET ADDRESS	1248 LAKECLAY DR	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN PYPERS	
STREET ADDRESS	1812 LAKE CLAY DR	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS TUTTLE	
STREET ADDRESS	17 CORKWOOD AV	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE REYNOLDS	
STREET ADDRESS	80 BEAR POINT LN	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB SMART	
STREET ADDRESS	136 MELANIE DR	
CITY-ST-ZIP	LAKE PLACID FL 33852	

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:

Harriet Porter

HARRIET PORTER 1/18/00

465-2394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)