

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90054 007 \*\*\*\*61.25

**DOCUMENT # N93000001014**

1. Entity Name  
**THE LAKE PLACID MURAL SOCIETY, INC.**

Principal Place of Business Mailing Address  
 159 DEANNA DRIVE PO BOX 336  
 LAKE PLACID FL 33852 LAKE PLACID FL 33862  
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0393532	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country		

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VP PORTER, ROBERT 159 DEANNA DRIVE LAKE PLACID FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, CAROL 1248 LAKE CLAY DR LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, CLAUDIA 213 HOOVER AVE. NE LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROLYN PHYPERS 1812 LAKE CLAY DR. LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTER, HARRIET 159 DEANNA DRIVE LAKE PLACID FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD BOHLMAN 502 LAKE MIRROR DR. LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOVERN, EDITH L. 329 4TH AVE LAKE PLACID FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIE TUTTLE 17 CORKWOOD AVE LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASTARDI, STEVE 36 TWIN LAKES ROAD LAKE PLACID FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNE REYNOLDS 80 BEAR POINT LN LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONETT, JOE 404 ADAMS AVE LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 empowered.

SIGNATURE: SIGNATURE REPEATED 1/19/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR1121

CP2E037 (10/00)