

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90255 012 ****61.25

DOCUMENT # N93000001014

1. Entity Name

THE LAKE PLACID MURAL SOCIETY, INC.

Principal Place of Business

**159 DEANNA DRIVE
 LAKE PLACID FL 33852
 US**

Mailing Address

**PO BOX 336
 LAKE PLACID FL 33862
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0393532

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|--------------------|----------------------|---------------------------------|
| VP | PORTER, ROBERT | 159 DEANNA DRIVE | LAKE PLACID FL | <input type="checkbox"/> |
| D | BISHOP, CLAUDIA | 213 HOOVER AVE. NE | LAKE PLACID FL 33852 | <input type="checkbox"/> |
| S | PORTER, HARRIET | 159 DEANNA DRIVE | LAKE PLACID FL | <input type="checkbox"/> |
| D | MCGOVERN, EDITH L. | 329 4TH AVE | LAKE PLACID FL | <input type="checkbox"/> |
| P | BASTARDI, STEVE | 36 TWIN LAKES ROAD | LAKE PLACID FL | <input type="checkbox"/> |
| D | BONETT, JOE | 404 ADAMS AVE | LAKE PLACID FL 33852 | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-------------------|-------------------|-----------------------|---------------------------------|-------------------------------------|
| TRES | DAVIS, CAROL | 1248 LAKE CLAY DR | LAKE PLACID, FL | <input type="checkbox"/> | <input type="checkbox"/> |
| D | TUTTLE, DENNIE | 17 CORKWOOD AVE | LAKE PLACID, FL 33852 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | PHYPPERS, CAROLYN | 1812 LAKE CLAY DR | LAKE PLACID, FL | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Carol Davis* **RECCAROLA A. DAVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-699-9565

Date

Daytime Phone #

CR2E037 (9/01)