

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90012 024 \*\*\*\*61.25

**DOCUMENT # N30680**

1. Entity Name

**LEXINGTON GREEN PROPERTY OWNERS' ASSOCIATION, IN**

Principal Place of Business

Mailing Address

P.O. BOX 92535  
 LAKELAND FL 33804-9535

P.O. BOX 92535  
 LAKELAND FL 33804-2535

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2988312**

Applied For

Not Applicable

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

**BASSETT, JOHN S.**  
**814 LAMP POST LANE**  
**LAKELAND FL 33809**

Name

**ALLAN S. MC DONALD**

Street Address (P.O. Box Number is Not Acceptable)

**729 CONCORD LANE**

City

**LAKELAND**

**FL**

Zip Code  
**33809**

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 **ALLAN S. MCDONALD**

**03-01-00**

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 NAME **DP WOLFGAM, TERESA**  Delete  
 STREET ADDRESS **847 LAMP POST LANE**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE NAME **DP THIELE, KARL**  Change  Addition  
 STREET ADDRESS **692 POWDER HORN ROW**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE NAME **DV OQUENDO, CARMEN**  Delete  
 STREET ADDRESS **723 CONCORD LANE**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE NAME **DS MCDONALD, BETTY J.**  Change  Addition  
 STREET ADDRESS **729 CONCORD LANE**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE NAME **DT BASSETT, JOHN S.**  Delete  
 STREET ADDRESS **814 LAMP POST LANE**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE NAME **DT MCDONALD, ALLAN S.**  Change  Addition  
 STREET ADDRESS **729 CONCORD LANE**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE NAME **DT BASSETT, JOHN S.**  Delete  
 STREET ADDRESS **814 LAMP POST LANE**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE NAME **DT MCDONALD, ALLAN S.**  Change  Addition  
 STREET ADDRESS **729 CONCORD LANE**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**ALLAN S. MCDONALD**  
**03-01-00**

Date

Daytime Phone #

**863-859-7197**