

2000 UNIFORM BUSINESS REPORT (UBR)

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

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 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME DS THIELE ☒ Delete
STREET ADDRESS 692 POWDER HORN ROW
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 ☐ 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:

ALLAN S. McDONALD

Allan S. McDonald

03-01-00

863-859-7197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #