

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005653

1. Entity Name

FLORIDA LAKE MANAGEMENT SOCIETY, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90088 034 ****70.00

Principal Place of Business

Mailing Address

9151 LEHALL SQ. W.
LAKELAND FL 33810
US

PO BOX 92448
LAKELAND FL 33804-2448

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

59-3301751

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDLEY, GENE
9151 LEHALL SQUARE WS.
LAKELAND FL 33810

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATTSON, ROBERT	
STREET ADDRESS	9225 CR 49	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCANN, KEVIN	
STREET ADDRESS	400 S. ORANGE AVE 7 FLOOR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BATTOE, LARRY	
STREET ADDRESS	1611 NW 6 AVE	
CITY-ST-ZIP	GAINSVILLE FL 32603	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARPER, HARVEY	
STREET ADDRESS	3419 TRENTWOOD BLVD STE 102	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COPP, ROGER	
STREET ADDRESS	5130 EISENHOWER BLVD., STE 105	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRICE, LUCEE	
STREET ADDRESS	893 TIMBERLAND TR	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN MCCANN	
STREET ADDRESS	400 S. ORANGE AVE. 7th Floor	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. RICK BARR	
STREET ADDRESS	800 Mercy Drive St 4	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAM LEASURE	
STREET ADDRESS	300 S. Garden Ave.	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY HARPER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Britt	
STREET ADDRESS	550 7th Street	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of LUCEE PRICE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-00 4073248695

CR2E037 (9/99)