

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 234696

1. Entity Name

ANCHOR INVESTMENT CORPORATION OF FLA.

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

03-13-2000 90073 001 ***775.00

Principal Place of Business

Mailing Address

520 S. FLORIDA AVE.
LAKELAND FL. 33801

520 S. FLORIDA AVE.
LAKELAND FL. 33801-5229

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 **59-0898439**

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

GEORGE M LINDSEY III
520 S. FLORIDA AVE
LAKELAND FL 33801

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CAS	<input type="checkbox"/> Delete
NAME	ALLEN, RALPH C.	
STREET ADDRESS	1232 RO	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TVAS	<input type="checkbox"/> Delete
NAME	TUBB, JOHN B	
STREET ADDRESS	1232 ROBINSWOOD CT N	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELLSWORTH, W W, JR.	
STREET ADDRESS	10 CASA LOMA WAY	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	SKIPPER, EDWARD M.	
STREET ADDRESS	2901 OLD HOMELAND RD	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GEORGE, LINDSEY M	
STREET ADDRESS	1631 LAGOON PLACE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GUERTIN, LISA C	
STREET ADDRESS	5655 BROOK LOOP	
CITY-ST-ZIP	LAKELAND FL 33811	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	520 S Florida Ave	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tubb, John B	
STREET ADDRESS	515 Tiffany Terrace	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lindsey, George M. III	
STREET ADDRESS	510 Tiffany Terrace	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guertin, Lisa C.	
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa C Guertin Lisa C Guertin

3/1/00

863-682-6123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)