

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 237056

1. Entity Name

LAKE PLACID PUBLISHING CO

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90145 044 ***150.00

Principal Place of Business

232 N. MAIN ST.
LAKE PLACID FL 33852

Mailing Address

232 N. MAIN ST.
LAKE PLACID FL 33852

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 **59-1001732**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELANEY, LEMONTE
232 NORTH MAIN STREET
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

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DELANEY, LAMONTE	
STREET ADDRESS	232 N MAIN ST	
CITY-ST-ZIP	LAKE PLACID, FL 00000	
TITLE	PVD	<input type="checkbox"/> Delete
NAME	DELANEY, CONSTANCE M	
STREET ADDRESS	232 N MAIN ST	
CITY-ST-ZIP	LAKE PLACID, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELANEY, ROBERT MATHEW	
STREET ADDRESS	232 N. MAIN ST.	
CITY-ST-ZIP	LAKE PLACID, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELANEY, MARK LEON	
STREET ADDRESS	232 N. MAIN ST.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EBERSON, KAYE DELANEY	
STREET ADDRESS	232 N. MAIN ST.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAIK, MARY M. DELANEY	
STREET ADDRESS	232 N. MAIN ST.	
CITY-ST-ZIP	LAKE PLACID FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Monte Delaney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)