

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90006 042 \*\*\*150.00

**DOCUMENT # 557091**

1. Entity Name

CAROL-LAND INVESTMENT CO.

Principal Place of Business

2310 LAKELAND HILLS BLVD.  
LAKELAND FL 33805  
US

Mailing Address

P. O. BOX 2434  
LAKELAND FL 33806  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5133 Lake in the woods BLVD

Lakeland, FL 33813

33813

Polk



644509

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1794900**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~HARPER, CAROLYN A.~~  
~~1143 WATERFALL LANE~~  
~~LAKELAND FL 33803~~  
**PRAHL**  
**5133 Lake in the woods**  
**Lakeland, FL 33813**  
**BLVD**

7. Name and Address of New Registered Agent

Name  
**Carolyn Harper Prahl**  
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 filed 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 \$650.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	PRAHL, CAROLYN A	
STREET ADDRESS	P. O. BOX 2434 N/A	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARPER, ROBERT F IV	
STREET ADDRESS	2310 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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
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)(c), 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:

**Carolyn Prahl**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-01 863 709 8888**

Date Daytime Phone #

CR2E034 (10/00)

APPLICATION NO. 98-31308

MARRIAGE RECORD  
FLORIDAAttachment Stamp # 644500  
#557091

GROOM DATA	1. GROOM'S NAME (First, Middle, Last)	JOHN DAVID PRAHL			2. DATE OF BIRTH (Month, Day, Year)	OCTOBER 6, 1947	
	3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)			
	BRANDON	HILLSBOROUGH	FLORIDA	ILLINOIS			
BRIDE DATA	5a. BRIDE'S NAME (First, Middle, Last)	CAROLYN ANN HARPER			5b. MAIDEN SURNAME (if different)	CASEY	
	6. DATE OF BIRTH (Month, Day, Year)	OCTOBER 31, 1943					
AFFIDAVIT	7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country)			
	LAKELAND	POLK	FLORIDA	FLORIDA			
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.							
9. GROOM'S SIGNATURE (Sign full name)			13. BRIDE'S SIGNATURE (Sign full name)				
<i>John David Prah</i>			<i>Carolyn Ann Harper</i>				
10. SUBSCRIBED AND SWORN TO BEFORE ME ON:			11. TITLE OF ISSUING OFFICIAL		14. SUBSCRIBED AND SWORN TO BEFORE ME ON:		
AUGUST 19, 1998			DEPUTY CLERK		AUGUST 19, 1998		
12. SIGNATURE OF ISSUING OFFICIAL			15. TITLE OF ISSUING OFFICIAL		16. SIGNATURE OF ISSUING OFFICIAL		
<i>Sandra Catalano</i>			DEPUTY CLERK		<i>Sandra Catalano</i>		
LICENSE TO MARRY			CERTIFICATE OF MARRIAGE				
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS.			17. DATE LICENSE ISSUED		21. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA		
			AUG. 19, 1998		ON 8-22-98 AT Tampa FLORIDA		
			18. EXPIRATION DATE		DATE (month, day, year) CITY OR TOWN		
			OCT. 18, 1998				
THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND			22a. SIGNATURE OF PERSON PERFORMING CEREMONY				
			<i>Dr. Michael T. Hailey</i>				
19a. SIGNATURE OF PERSON ISSUING LICENSE			19b. BY D.C.		22b. NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT)		
<i>Sandra Catalano</i>			<i>SC</i>		Dr. Michael T. Hailey		
19c. TITLE			22c. TITLE				
DEPUTY CLERK			Sr. Pastor				
20. COUNTY			22d. ADDRESS				
HILLSBOROUGH			Crosstown Community Church				
RECORDED	25. DATE RETURNED	26. RECORDED IN	23. SIGNATURE OF WITNESS TO CEREMONY				
	AUG 25 1998	BOOK 568 PAGE 282	<i>X Sol M. Hailey</i>				
27. CLERK OF COURT			24. SIGNATURE OF WITNESS TO CEREMONY				
RICHARD AKE BY <i>BBK</i> DC			<i>Danquiza E. Evans</i>				
INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.							
GROOM	28. RACE	29. NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED SPECIFY 30 - 31	30. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT)	31. DATE LAST MARRIAGE ENDED		
	WHITE	4		DIVORCE FLORIDA	DECEMBER 1997		
BRIDE	32. RACE	33. NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED SPECIFY 34 - 35	34. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT)	35. DATE LAST MARRIAGE ENDED		
	WHITE	2		DIVORCE FLORIDA	JANUARY 1992		

DH 743, 10/96  
(Replaces HRS Form 743)This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

AUDIT CONTROL NO. 280048

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGHTHIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY  
OF THE DOCUMENT ON FILE IN MY OFFICE.WITNESS MY HAND AND OFFICIAL SEAL THIS 25<sup>th</sup> DAY OF August 1998.RICHARD AKE  
CLERK OF CIRCUIT COURT  
BY: *Barbara B. King*  
DEPUTY CLERK