

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 632003

1. Entity Name

LAWSON AND TEETER PROPERTIES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90053 032 ***150.00

Principal Place of Business

2000 WEST LAKE ROY
WINTER HAVEN FL 33880-4648
US

Mailing Address

2000 WEST LAKE ROY
WINTER HAVEN FL 33880-4648
US

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

59-1928057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEETER, CARROLL E
2000 WEST LAKE ROY
WINTER HAVEN FL 33880-4648

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TEETER, CARROLL E 2000 WEST LAKE ROY WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEETER, ANN D 2000 WEST LAKE ROY WINTER HAVEN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWSON, JANE L 18919 NE 168TH STREET WOODINVILLE WA 98072	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TEETER, ANN D 2000 WEST LAKE ROY WINTER HAVEN FL 33880-4648	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, MICHAEL A. 2000 WEST LAKE ROY WINTER HAVEN FL 33880-4648	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEETER, REBECCA A 328 BRANDYWINE ROAD CHAPEL HILL NC 27516-3208	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTHA T EDWARDS 783 AVENUE Q, SE WINTER HAVEN FL 33880-4616	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID C TEETER 291 CORAL WAY W INDIALANTIC FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTHA ELIEN TEETER 1490 69TH PLACE SOUTH ST PETERSBURG FL 33705-6033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALICE LYNN TEETER PO BOX 766 PINE LAKE GA 30072-0766	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CARROLL E TEETER 2000 WEST LAKE ROY WINTER HAVEN FL 33880-4648	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL A LAWSON 2001 WEST LAKE ROY WINTER HAVEN FL 33880-4648	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

Date

863-243-5473

Daytime Phone #