

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0066983

DOCUMENT # 700833

1. Entity Name

THE 4-H CLUB OF LAKE LAND INC.



05-01-2003 90986 038 ****61.25

Principal Place of Business

**434 W. PIPKIN ROAD
LAKE LAND FL 33813
US**

Mailing Address

**5209 LUNN ROAD
LAKE LAND FL 33811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2978717**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FAIR, ARTHUR M.
5209 LUNN ROAD
2600 COUNTY LINE RD.
LAKE LAND FL 33811**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRENNEMAN, JOHN S.	
STREET ADDRESS	1225 PARKER ROAD	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRAIN, HOBSON L., JR.	
STREET ADDRESS	1221 EDGEWOOD DR E	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	FAIR, ARTHUR M.	
STREET ADDRESS	5209 LUNN ROAD	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KIRKLAND, DONALD E.	
STREET ADDRESS	4839 PIPKIN RD. S	
CITY-ST-ZIP	LAKE LAND 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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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: ARTHUR M. FAIR

4/27/03

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CR2037 (10/02)