

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90048 045 ****61.25

DOCUMENT # 701334

1. Entity Name

THE LAKE REGION UNITARIAN FELLOWSHIP INC

Principal Place of Business

**3140 TROY AVENUE
LAKELAND FL 33803**

Mailing Address

**3140 TROY AVENUE
LAKELAND FL 33803**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0556234

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**R. H. BAUM
3140 TROY AVE
LAKELAND FL 33803**

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

2-11-2001**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	☐ Delete
NAME	BODE, JOYCE L	
STREET ADDRESS	P O BOX 1587 N/A	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE	BMT	☐ Delete
NAME	SCHMIDT, KENNETH	
STREET ADDRESS	165 W CHRISTINA BLVD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VPT	☐ Delete
NAME	MITCHELL, SUE	
STREET ADDRESS	2918 FOREST CLUB DR	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	T	☐ Delete
NAME	ANDRESKI, MELINDA	
STREET ADDRESS	117 SHADOW LN	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Joyce L. Bode Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/01 (863) 646-3715

Date

Daytime Phone #

CR2E037 (10/00)