

2002 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

R. H. BAUM
3140 TROY AVE
LAKELAND FL 33803

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BODE, JOYCE L
P.O. BOX 1587 N/A
BOWLING GREEN FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Bode, Joyce L.
4906 Colonnades Circle E.
Lakeland, FL 33811

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BMT
SCHMIDT, KENNETH
165 W CHRISTINA BLVD
LAKELAND FL 33813

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
MITCHELL, SUE
2918 FOREST CLUB DR
PLANT CITY FL 33567

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ANDRESKI, MELINDA
117 SHADOW LN
LAKELAND FL 33813

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BODE, JOYCE L.
1.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/01 (813) 752-0505
Date Daytime Phone #

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90019 031 *****61.25

0004410



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)