

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90142 017 ****70.00

DOCUMENT # 705650

1. Entity Name

THE JUNIOR LEAGUE OF GREATER LAKELAND, FLORIDA INCORPORATED

Principal Place of Business

Mailing Address

**2020 CRYSTAL GROVE DR
 LAKELAND FL 33806-9222
 US**

**P.O. BOX 8797
 LAKELAND FL 33806-8797
 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

59-6138219

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

**STUART, JANET
 ONE LAKE MORTON DR
 LAKELAND FL FL 33801**

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 **PD** ☒ Delete
 NAME **MARSHALL, MARSHA**
 STREET ADDRESS **2025 CLUBHOUSE ROAD**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Gardner, Ruth E**
 STREET ADDRESS **1622 Caldwell St**
 CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **VRD** ☒ Delete
 NAME **GARDNER, RUTH E**
 STREET ADDRESS **1622 CALDWELL ST**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **VRD** ☐ Change ☒ Addition
 NAME **Sale, Brittany**
 STREET ADDRESS **203 E. Maxwell Street**
 CITY-ST-ZIP **Lakeland, Florida 33803**

TITLE **TD** ☐ Delete
 NAME **OWEN, JEANE**
 STREET ADDRESS **2244 COLLINS LANE**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Dreyer, Susan**
 STREET ADDRESS **2425 Jonila Ave**
 CITY-ST-ZIP **Lakeland, Florida 33803**

TITLE **VTD** ☒ Delete
 NAME **DREYER, SUSAN**
 STREET ADDRESS **2425 JONILA AVE**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **VTD** ☐ Change ☒ Addition
 NAME **Gonzalez Dockery, Alina**
 STREET ADDRESS **1528 Delcrest Place**
 CITY-ST-ZIP **Lakeland, Florida 33803**

TITLE **SD** ☒ Delete
 NAME **FEDDLER, BEVERLY**
 STREET ADDRESS **2919 ELIZABETH PLACE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Lavisne, Eaton**
 STREET ADDRESS **1130 Highland Drive E**
 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **SD** ☐ Delete
 NAME **BUTZ, ROBIN**
 STREET ADDRESS **1342 ROBINHOOD LANE**
 CITY-ST-ZIP **LAKELAND FL 33813**

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:

Susan C. Dreyer **Susan C. Dreyer** **02/20/02** **(803) 284 4824**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)