

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90204 007 ****70.00

DOCUMENT # 705650

1. Entity Name

**THE JUNIOR LEAGUE OF GREATER LAKELAND, FLORIDA I
NCORPORATED**



Principal Place of Business

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

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

TITLE	VRD	<input type="checkbox"/> Delete
NAME	SALE, BRITTANY	
STREET ADDRESS	203 E MAXWELL STREET	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, RUTH E	
STREET ADDRESS	1622 CALDWELL ST	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GONZALEZ, DOCKERY A	
STREET ADDRESS	1528 DELCREST PLACE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DREYER, SUSAN	
STREET ADDRESS	2425 JONILA AVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	EATON, LAVISNE	
STREET ADDRESS	1130 HIGHLAND DRIVE E	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BUTZ, ROBIN	
STREET ADDRESS	1342 ROBINHOOD LANE	
CITY-ST-ZIP	LAKELAND FL 33813	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sale, Brittany	
STREET ADDRESS	203 E Maxwell Street	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephanie Madden	
STREET ADDRESS	1518 Clarendon Ave.	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Mason	
STREET ADDRESS	4932 Ironwood Trail	
CITY-ST-ZIP	Barrow, FL 33830	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cecelia Christian	
STREET ADDRESS	3015 Buckingham Avenue	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Jeffares	
STREET ADDRESS	6837 Crescent Oaks Circle	
CITY-ST-ZIP	Lakeland, FL 33813	

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]

01/13/03

813 666 8134

CR2E037 (10/02)