

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705693

1. Entity Name

2505 BUILDING ASSOCIATION OF LAKELAND, FLORIDA.

Principal Place of Business

2014 LAKELAND HILLS BLVD.
POST OFFICE BOX 1173
LAKELAND FL 33802

Mailing Address

P O BOX 91331
LAKELAND FL 33804-1331
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

59-2668398

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

SKOKAN, OTTO R.
1323 LAKE BONNY DR. WEST
LAKELAND 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 D ☒ Delete
NAME ZEBROWSKY, TEDDY A.
STREET ADDRESS 4129 MOONRAKER DR.
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Change ☒ Addition
NAME DONALD WASILEWSKI
STREET ADDRESS 4647 KINGS POINT CT
CITY-ST-ZIP LAKELAND, FL 33813

TITLE D ☐ Delete
NAME SKOKAN, OTTO R.
STREET ADDRESS 1323 LK BONNY DRIVE W
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE TD ☐ Delete
NAME CASTAGNARO, PAUL L
STREET ADDRESS 4119 GLISSON DR
CITY-ST-ZIP LAKELAND FL 33809

TITLE T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME OBER, RICHARD J
STREET ADDRESS 8639 PLANTATION RIDGE BLVD
CITY-ST-ZIP LAKELAND FL 33809

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

TITLE VD ☒ Delete
NAME TOMICH, VICTOR J
STREET ADDRESS 314 GREENWOOD LANE
CITY-ST-ZIP LAKELAND FL

TITLE V ☐ Change ☒ Addition
NAME LEROY SCHAFFER
STREET ADDRESS 622 W. WILLIAMS ST
CITY-ST-ZIP LAKELAND, FL 33805

TITLE PD ☐ Delete
NAME LENTZ, RAYMOND H.
STREET ADDRESS 10000 US 98 N, LOT 109
CITY-ST-ZIP LAKELAND FL

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33809

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:

Donald Wasilewski DONALD WASILEWSKI

3/15/2000

(863) 646-0474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)