

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90170 039 ****61.25

DOCUMENT # 705693

1. Entity Name

2505 BUILDING ASSOCIATION OF LAKELAND, FLORIDA, INC.

Principal Place of Business

Mailing Address

**2014 LAKELAND HILLS BLVD
 LAKELAND FL 33805**

**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

**CASTAGNERO, PAUL L
 4119 GLISSON DR
 LAKELAND FL 33809**

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, 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 **S** ☒ Delete
 NAME **WASILEWSKI, DONALD**
 STREET ADDRESS **4647 KINGS POINTS CT**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **S** ☒ Change ☒ Addition
 NAME **PAUL R. BERTHAUME**
 STREET ADDRESS **604 PALENCIA PL.**
 CITY-ST-ZIP **LAKELAND, FL. 33803**
LAST NAME

TITLE **D** ☐ Delete
 NAME **MINISCI, ROBERT J**
 STREET ADDRESS **1130 N LAKE PARKER AVE APT B312**
 CITY-ST-ZIP **LAKELAND FL 33805**

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

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

TITLE ☐ 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 **D** ☐ Delete
 NAME **PANZICA, ANTHONY P**
 STREET ADDRESS **1130 N LAKE PARKER AVE APT B312**
 CITY-ST-ZIP **LAKELAND FL 33805**

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

TITLE **T** ☒ Delete
 NAME **LENTZ, RAYMOND H.**
 STREET ADDRESS **10000 US 98 N, LOT 109**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **T** ☐ Change ☒ Addition
 NAME **GREER, JAMES B.**
 STREET ADDRESS **2782 HIGH RIDGE DR.**
 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:

PAUL L. CASTAGNERO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 (843) 858-1740

CR2E037 (9/01)