

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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90225 031 \*\*\*\*61.25

**DOCUMENT # 705693**

1. Entity Name

**2505 BUILDING ASSOCIATION OF LAKELAND, FLORIDA, INC.**



Principal Place of Business

**2014 LAKELAND HILLS BLVD  
LAKELAND FL 33805**

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **BERTHIAUME, PAUL R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**604 PALENCIA PL.**  
City **LAKELAND** FL **33803**

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

*Paul R. Berthiaume* **PAUL R. BERTHIAUME PRESIDENT 5/6/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BERTHIAUME, PAUL R</b> <b>604 PALENCIA PL</b> <b>LAKELAND FL 33803</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MINISCI, ROBERT J</b> <b>1130 N LAKE PARKER AVE APT B312</b> <b>LAKELAND FL 33805</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CASTAGNARO, PAUL L</b> <b>4119 GLISSON DR</b> <b>LAKELAND FL 33809</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OBER, RICHARD J</b> <b>8639 PLANTATION RIDGE BLVD</b> <b>LAKELAND FL 33809</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PANZICA, ANTHONY P</b> <b>1130 N LAKE PARKER AVE APT B312</b> <b>LAKELAND FL 33805</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GREER, JAMES B</b> <b>2782 HIGH RIDGE DR</b> <b>LAKELAND FL 33813</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BERTHIAUME, PAUL R.</b> <b>604 PALENCIA PL.</b> <b>LAKELAND, FL. 33803</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CASTAGNARO, PAUL L.</b> <b>4119 GLISSON DR.</b> <b>LAKELAND, FL. 33809</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CUSICK, MICHAEL P.</b> <b>1414 MILLER LN.</b> <b>LAKELAND, FL. 33801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WASILEWSKI, DONALD S.</b> <b>4647 KINGS POINT CT.</b> <b>LAKELAND, FL. 33813</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>STAMBORE III, CARMEN J.</b> <b>123 W CHRISTINA BLVD.</b> <b>LAKELAND, FL. 33813</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

*Paul R. Berthiaume* **PAUL R. BERTHIAUME 5/6/03 (863) 680-3633**

CR2E037 (10/02)