

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**  
 04-13-2001 90061 041 \*\*\*\*61.25

0 4514

**DOCUMENT # 707680**

1. Entity Name

**LANTANA ATHLETIC ASSOCIATION INC**

Principal Place of Business

Mailing Address

1251 LANTANA RD.  
 LANTANA FL 33462

P.O. BOX 3166  
 LANTANA FL 33462

00011300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2226451**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEHMAN, LOUISE**  
**6031 PINE DRIVE**  
**LANTANA FL 33462**

Name

**Lori Dancer**

Street Address (P.O. Box Number is Not Acceptable)

**1231 LaCosta Circle**

City

**Lantana**

**FL**

Zip Code

**33462**

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

**Lori Dancer**

**Treasurer**

**Lori Dancer**

**4-4-01**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P/D  
**THROM, DENNIS**  
**5953 STRAWBERRY LAKES CIRCLE**  
**LAKE WORTH FL 33463** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP/D  
**BURKE, BRIAN**  
**79 MAPLE LANE**  
**BOYNTON BEACH FL 33436** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP/D  
**Carlos Gonzalez**  
**5048 Lantana Rd Apt 50205**  
**FW FL 33463** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 T/D  
**STEHMAN, LOUISE**  
**6031 PINE DRIVE**  
**LANTANA FL 33462** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 T/D  
**Lori Dancer**  
**1231 LaCosta Circle**  
**Lantana FL 33462** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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☐ Delete

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☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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:

**Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-01**

Date

**5615862813**

Daytime Phone #

CR2E037 (10/00)