

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710126

1. Entity Name

GREATER LAKE WALES CIVIC BETTERMENT ASSOCIATION.

Principal Place of Business

243 EAGLE RIDGE DR
LAKE WALES FL 33853

Mailing Address

P.O. BOX 32
LAKE WALES FL 33859-0032

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

23-7145002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDLANDER, EDWIN M
243 EAGLE RIDGE DR
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name

E. FRIEDLANDER

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

101 EAST PARK AVE

Po Box 32

City

LAKE WALES FLA

FL

Zip Code

33859-0032

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

Edwin M. Friedlander

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-00

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

TITLE D ☐ Delete
NAME FRIEDLANDER, KATHRYN H
STREET ADDRESS 243 EAGLE RIDGE DR
CITY-ST-ZIP LAKE WALES FL 33853

TITLE PD ☐ Delete
NAME FRIEDLANDER, EDWIN M
STREET ADDRESS 243 EAGLE RIDGE DR
CITY-ST-ZIP LAKE WALES FL 33853

TITLE VTD ☐ Delete
NAME WILLIAMS, JAMES C
STREET ADDRESS 243 EAGLE RIDGE DR
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

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:

Edwin M. Friedlander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 (863) 676 7498



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)