

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-03-2003 90163 040 ****61.25

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

DOCUMENT # 710203

1. Entity Name

LAKELAND SHRINE CLUB HOLDING CORPORATION, INC.



Principal Place of Business

125 W BRANNEN ROAD
LAKELAND FL 33813-2706
US

Mailing Address

POST OFFICE BOX #5244
LAKELAND FL 33807-5244
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 23-7081982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DERK, RICHARD M.
1555 WILLIAMSBURG SQ.
LAKELAND FL 33803

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOVAK, CHARLES J	
STREET ADDRESS	1514 KIPLING LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TALBOT, GRANT	
STREET ADDRESS	87 LAKE POINT DRIVE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THONEBE, THOMAS	
STREET ADDRESS	4444 45 HWY 98 218	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LENNY, JAMES M	
STREET ADDRESS	6017 PIER PLACE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	DERK, RICHARD M.	
STREET ADDRESS	1555 WILLIAMSBURG SQ.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	RES/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD A. COFFOLT JR	
STREET ADDRESS	PO BOX 5244	
CITY-ST-ZIP	LAKELAND FL 33807	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD VAN BAAREN	
STREET ADDRESS	PO BOX 5244	
CITY-ST-ZIP	LAKELAND FL 33807	
TITLE	SEC/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT TALBOT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard M. Derk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)