

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90057 031 \*\*\*\*61.25

**DOCUMENT # 711030**

1. Entity Name

**LAKELAND POLICE DEPARTMENT EMPLOYEES' ASSOCIATIO**

Principal Place of Business

Mailing Address

**219 N MASSACHUSETTS AVE  
 LAKELAND FL 33801  
 US**

**219 N MASSACHUSETTS AVE  
 LAKELAND FL 33801-4972  
 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

**59-1667189**

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

**JACOBSON, CHARLES E  
 219 N MASSACHUSETTS AVE  
 LAKELAND FL 33801**

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 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  Delete  
 NAME **PD THOMASON, JOHN**  
 STREET ADDRESS **219 N MASSACHUSETTS AVE**  
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE  Change  Addition  
 NAME **SECRETARY  
 KARIN MINGUS**  
 STREET ADDRESS **219 N. MASSACHUSETTS AVE**  
 CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE  Delete  
 NAME **VPD TAYLOR, SAM**  
 STREET ADDRESS **219 N. MASSACHUSETTS AVE.**  
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE  Change  Addition  
 NAME **BOARD MEMBER  
 CHUCK SMITH**  
 STREET ADDRESS **219 N. MASSACHUSETTS AVE.**  
 CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE  Delete  
 NAME **SD TREASURER  
 FLOWERS, LAURIE**  
 STREET ADDRESS **219 N MASS AVE**  
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T HOLLAND, ASHLEY**  
 STREET ADDRESS **219 N. MASSACHUSETTS AVE.**  
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **BMD HOLLAND, A**  
 STREET ADDRESS **219 N MASS AVE**  
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/00 863-834-6902**  
 Date Daytime Phone #