

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90230 011 ****61.25

DOCUMENT # 711030

1. Entity Name

LAKELAND POLICE DEPARTMENT EMPLOYEES' ASSOCIATIO

Principal Place of Business

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

Mailing Address

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

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

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

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

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

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

TITLE S
 NAME MINGUS, KARIN ☐ Delete
 STREET ADDRESS 219 N. MASSACHUSETTS AVE.
 CITY-ST-ZIP LAKELAND FL 33801

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

TITLE BMD
 NAME SMITH, CHUCK ☐ Delete
 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: **JOHN H. THOMASON** 1/19/2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)