

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**  
03-02-2000 90183 018 \*\*\*\*61.25

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### 1. Entity Name

**LAKE PLACID TOURIST CLUB, INC.**

Principal Place of Business	Mailing Address
P. O. BOX 173 CORNER PINE ST. & INTERLAKE BLVD. LAKE PLACID FL 33852	P. O. BOX 173 CORNER PINE ST. & INTERLAKE BLVD. LAKE PLACID FL 33862-0173

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2637025</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<p>6. Name and Address of Current Registered Agent</p> <p><del>SCOTT, DIXIE H</del>  512 DEEN BLVD  LAKE PLACID, FL  33852</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name <u>Hein Ted</u></p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p><u>3013 Miller Ave</u></p> <p>City <u>Lake Placid</u> State <u>FL</u> Zip Code <u>33852</u></p>
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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 X Theodore Hien \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p><b>FILE NOW:</b> <b>FEE IS \$61.25</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>	<p><b>Make Check Payable to Department of State</b></p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROYCE, GORDON 5 TWIN LAKES RD LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUGGETT, JOYCE A 238 LEMON RD NW LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANTOM, REX 16 BOB WHITE TR LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIN, TED 3013 MILLER AVENUE LAKE PLACID FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dhairn Mark 157 McCoy Dr. Lake Placid FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGGETT, JOHN 238 LEMON RD NW LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, PAUL 3058 AZALEA LN LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James A. Marshall* REQUIRED

Date \_\_\_\_\_

Daytime Phone #

CR2E037 (9/99)