

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712144

1. Entity Name

LAKE PLACID TOURIST CLUB, INC.

FILED

May 03, 2002 8:00 am  
Secretary of State

05-03-2002 90170 025 \*\*\*\*61.25

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 33852

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

59-2637025

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

HEIN, TOD  
3013 MILLER AVE  
LAKE PLACID FL 33852

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 P  
NAME ROYCE, GORDON ☐ Delete  
STREET ADDRESS 5 TWIN LAKES RD  
CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE T  
NAME HUGGETT, JOYCE A ☐ Delete  
STREET ADDRESS 238 LEMON RD NW  
CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE D  
NAME FRANTOM, REX ☐ Delete  
STREET ADDRESS 16 BOB WHITE TR  
CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE D  
NAME NAIRN, MARK ☐ Delete  
STREET ADDRESS 157 MCCOY DR  
CITY-ST-ZIP LAKE PLACID FL

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

TITLE D  
NAME HUGGETT, JOHN ☐ Delete  
STREET ADDRESS 238 LEMON RD NW  
CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE D  
NAME LANG, PAUL ☐ Delete  
STREET ADDRESS 3058 AZALEA LN  
CITY-ST-ZIP LAKE PLACID FL 33852

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:

Joyce A. Huggett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 18, 2002

Date

Daytime Phone #

CR2E037 (9/01)