

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

FILED
Aug 12, 2003 8:00 am
Secretary of State

08-12-2003 90018 035 ****61.25

DOCUMENT # 712144

1. Entity Name

LAKE PLACID TOURIST CLUB, INC.



Principal Place of Business

**P. O. BOX 173
CORNER PINE ST. & INTERLAKE BLVD.
LAKE PLACID FL 33852**

Mailing Address

**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

4. FEI Number **59-2637025**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	ROYCE, GORDON	
STREET ADDRESS	5 TWIN LAKES RD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUGGETT, JOYCE A	
STREET ADDRESS	238 LEMON RD NW	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANTOM, REX	
STREET ADDRESS	16 BOB WHITE TR	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAIRN, MARK	
STREET ADDRESS	157 MCCOY DR	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGGETT, JOHN	
STREET ADDRESS	238 LEMON RD NW	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, PAUL	
STREET ADDRESS	3058 AZALEA LN	
CITY-ST-ZIP	LAKE PLACID FL 33852	

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	
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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:

SIGNATURE REQUIRED

8-9-03 863-699-0938

CR2E037 (4/03)