

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715047

1. Entity Name

BOYS & GIRLS CLUBS OF LAKE LAND, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90037 039 ****61.25

Principal Place of Business

Mailing Address

1525 MARTIN LUTHER KING
P.O. BOX 763 (LAKE LAND. 33802)
LAKE LAND FL 33805
US

1525 MARTIN LUTHER KING AVE
P.O. BOX 763
LAKE LAND FL 33802-0763
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

59-0171815

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

PERRY, REX
1525 MARTIN LUTHER KING JR AVE
LAKE LAND FL 33805

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:
FEES 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, DAVID	
STREET ADDRESS	803 SYLVAN LANE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAWYER, PETE	
STREET ADDRESS	1424 TOMAHAWK TRAIL	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE	VST	<input type="checkbox"/> Delete
NAME	JONES, GUERRY	
STREET ADDRESS	303 KENWITH RD	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, WILLIAM	
STREET ADDRESS	2303 BUCKINGHAM AVE	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARCLAY, DONALD	
STREET ADDRESS	2012 LAKE BENTLEY CRT	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAUSLAND, TIMOTHY	
STREET ADDRESS	5093 IRONWOOD TRAIL	
CITY-ST-ZIP	BARTOW FL 33860	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
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:

Rex Perry **SIGNATURE REQUIRED REX PERRY, EXEC DIR.**

Date

Daytime Phone #

(863) 686-1719