

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715047

1. Entity Name

BOYS & GIRLS CLUBS OF LAKE LAND, INC.

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90249 003 \*\*\*\*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 33802-7763  
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

DO NOT WRITE IN THIS SPACE



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 REX PERRY

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 VP ☐ Delete  
NAME JONES, DAVID  
STREET ADDRESS 803 SYLVAN LANE  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE VP ☐ Change ☒ Addition  
NAME MITCH WEINSTEIN  
STREET ADDRESS 2840 MEDINAH CIRCLE  
CITY-ST-ZIP LAKE LAND, FL 33803

TITLE VP ☐ Delete  
NAME SAWYER, PETE  
STREET ADDRESS 1424 TOMAHAWK TRAIL  
CITY-ST-ZIP LAKE LAND FL 33813

TITLE VP ☐ Change ☒ Addition  
NAME DOUG JACKSON  
STREET ADDRESS 1520 BROKEN ARROW TRAIL, N.  
CITY-ST-ZIP LAKE LAND, FL 33813

TITLE VST ☐ Delete  
NAME MULLINS, DAVID  
STREET ADDRESS 1846 E STELLA COURT  
CITY-ST-ZIP LAKE LAND FL 33813

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

TITLE D ☐ Delete  
NAME JONES, WILLIAM  
STREET ADDRESS 2303 BUCKINGHAM AVE  
CITY-ST-ZIP LAKE LAND FL

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

TITLE D ☐ Delete  
NAME BARCLAY, DONALD  
STREET ADDRESS 2012 LAKE BENTLEY CRT  
CITY-ST-ZIP LAKE LAND FL

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

TITLE VP ☐ Delete  
NAME MCCAUSLAND, TIMOTHY  
STREET ADDRESS 5093 IRONWOOD TRAIL  
CITY-ST-ZIP BARTOW FL 33860

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(863) 686-1719

Daytime Phone #

CR2E037 (9/01)