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

Mailing Address

3. Mailing Address

City & State

P.O. BOX 763

1525 MARTIN LUTHER KING AVE

LAKELAND FL 33802-7763

Suite, Apt. #, etc.

DOCUMENT # 715047

1. Entity Name

Principal Place of Business

1525 MARTIN LUTHER KING

LAKELAND FL 33805

Suite, Apt. #, etc.

City & State

PERRY, REX

LAKELAND FL 33805

Zip

P.O. BOX 763 (LAKELAND, 33802)

2. Principal Place of Business

BOYS & GIRLS CLUBS OF LAKELAND, INC.



FILED Jan 21, 2003 8:00 am **Secretary of State**

01-21-2003 90041 014 ****61.25

90005687



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-0171815 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

Country

1525 MARTIN LUTHER KING JR AVE

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing **FILE NOW: FEE IS \$61.25** \$5.00 May Be Make Check Payable to Trust Fund Contribution. \Box Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 × TITLE Delete TITLE Change ☐ Addition JONES, DAVID NAME NAME DAVID TONES STREET ADDRESS **803 SYLVAN LANE** STREET ADDRESS SAME CITY-ST-ZIP PLANT CITY FL 33566 CITY-ST-ZIP SAME TITLE ☐ Delete TITLE Change Addition SAWYER, PETE PETE SAWYER NAME NAME STREET ADDRESS 1424 TOMAHAWK TRAIL STREET ADDRESS SAME CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP -SAME VST TITLE ☐ Delete VST ☐ Addition MULLINS, DAVID DAVID MULLINS STREET ADDRESS 1846 E STELLA COURT-1804 CLUBHOUSE RD STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP SAME TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JONES, WILLIAM NAME STREET ADDRESS 2303 BUCKINGHAM AVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change X Addition BARCHAY, DONALD NAME MITCH WEINSTEIN NAME STREET ADDRESS 2012 LAKE BENULEY CRT STREET ADDRESS 2840 MEDINAH CIR CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP LAKELAND, FL 33803 TITLE ☐ Delete TITLE Change Addition NAME MCCAUSLAND, TIMOTHY NAME STREET ADDRESS **5093 IRONWOOD TRAIL** STREET ADDRESS CITY-ST-ZIP BARTOW FL 33860 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE REQUIRED

863-686-1719