

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 717110**

1. Entity Name

THE SCOTT LAKE ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 5347
LAKELAND FL 33807

Mailing Address

P.O. BOX 5347
LAKELAND FL 33807

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2307881

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

NOSUN, R D
5175 TERRY LANE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

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 \$61.259. 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 ☐ Delete
NAME **D**
STREET ADDRESS **POLLOCK, AL**
CITY-ST-ZIP **2 LOMA ALTA**
LAKELAND FLTITLE ☐ Delete
NAME **T**
STREET ADDRESS **NOSUN, R.D.**
CITY-ST-ZIP **5175 TERRY LANE**
LAKELAND FLTITLE ☐ Delete
NAME **D**
STREET ADDRESS **STERN, H.M.**
CITY-ST-ZIP **BLUE HERON LANE**
LAKELAND FLTITLE ☐ Delete
NAME **P**
STREET ADDRESS **CURRY, D.**
CITY-ST-ZIP **1102 LAKE POINT DRIVE**
LAKELAND FLTITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARPER, ROBERT**
CITY-ST-ZIP **5508 SCOTT LAKE RD**
LAKELAND FLTITLE ☐ Delete
NAME **D**
STREET ADDRESS **RODDA, J.**
CITY-ST-ZIP **5718 COVEVIEW DRIVE**
LAKELAND FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

R. D. NOSUN

1/8/02

863-646-9663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)