

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726298

1. Entity Name

GOLFVIEW TOWNHOUSES, INC.

Principal Place of Business

418 HOWARD AVENUE
LAKELAND FL 33801

Mailing Address

C/O LAKELAND PROPERTIES & MGMT. INC
2000 E. EDGEWOOD DRIVE, SUITE 214
LAKELAND FL 33803

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MILLER, MARK N
ONE LAKE MORTON DRIVE
LAKELAND FL 33801

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 \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFER, DOUGLAS R 408-C HOWARD AVENUE LAKELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALL, ANNETTE 412-A HOWARD AVENUE LAKELAND FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHURCH, JOAN 404 E HOWARD AVE LAKELAND FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, JOHN R 408 A HOWARD AVENUE LAKELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAULK, CHARLES D 404 A HOWARD AVE LAKELAND FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALBRITTON, SUE 412-A HOWARD AVENUE LAKELAND, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULK, CHARLES D. 404-A HOWARD AVENUE LAKELAND, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKINSON, CHUCK 416-A HOWARD AVENUE LAKELAND, FL	☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90507 006 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1977498

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CP2E037 (10/00)