

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

0065475

**DOCUMENT # 732749**

Entity Name

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF LAKELAND, I**

04-04-2001 90054 018 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

**3620 CLEVELAND HIGHTS BLVD  
 LAKELAND FL 33803-1997**

**3620 CLEVELAND HIGHTS BLVD  
 LAKELAND FL 33803-1997**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1158144**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COLLINS, ALICE SLACK  
 3620 CLEVELAND HEIGHTS BLVD  
 LAKELAND FL 33803**

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

*Alice Slack Collins*

**4/2/01**

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 **CD** ☒ Delete  
 NAME **ANDERSON, TOM**  
 STREET ADDRESS **6004 PIER PLACE DRIVE**  
 CITY-ST-ZIP **LAKELAND FL**

TITLE **CD** ☐ Change ☒ Addition  
 NAME **Tart, C. Douglas**  
 STREET ADDRESS **P.O. Box 8204**  
 CITY-ST-ZIP **Lakeland, FL**

TITLE **CED** ☒ Delete  
 NAME **BURNETTE, ROBERT**  
 STREET ADDRESS **1824 ASHER RD**  
 CITY-ST-ZIP **LAKELAND FL**

TITLE **VCD** ☐ Change ☒ Addition  
 NAME **Becker, Beth**  
 STREET ADDRESS **2314 Nevada Road**  
 CITY-ST-ZIP **Lakeland, FL**

TITLE **SD** ☐ Delete  
 NAME **GITHENS, STEVE**  
 STREET ADDRESS **611 KERNEYWOOD**  
 CITY-ST-ZIP **LAKELAND FL**

TITLE **CED** ☒ Change ☐ Addition  
 NAME **Githens, Steve**  
 STREET ADDRESS **1212 George Jenkins**  
 CITY-ST-ZIP **Lakeland, FL**

TITLE **TD** ☒ Delete  
 NAME **GARLOCK, HAROLD**  
 STREET ADDRESS **1349 SCOTTSDALE DRIVE**  
 CITY-ST-ZIP **LAKELAND FL**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Vining, Geoffrey**  
 STREET ADDRESS **P.O. Box 2525**  
 CITY-ST-ZIP **Lakeland, FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition  
 NAME **English, Bob**  
 STREET ADDRESS **828 Park Hill Avenue**  
 CITY-ST-ZIP **Lakeland, FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: X** *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/29/01 863-644-3528**

CR2E037 (10/00)