

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90286 008 *****61.25

DOCUMENT # 738575

1. Entity Name

LOCKLIN LAKE RESTORATION PROJECT, INC.



Principal Place of Business

**5300 LAKEWOOD DR.
MILTON FL 32570
US**

Mailing Address

**5300 LAKEWOOD DR.
MILTON FL 32570
US**

2. Principal Place of Business

6583 Lakeshore Dr.

3. Mailing Address

6583 Lakeshore Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Milton, FL

City & State

Milton, FL 3

4. FEI Number **59-3025354**

Applied For

Not Applicable

Zip

32570

Country

USA

Zip

32570

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROOKS, KENNETH L JR. E
6839 CAROLINE ST
MILTON FL 32570**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DSC** ☒ Delete
NAME **HOOD, BYRON J**
STREET ADDRESS **6485 LAKESHORE DR**
CITY-ST-ZIP **MILTON FL**

TITLE **DSC** ☒ Delete
NAME **GOETZKE, RICHARD W**
STREET ADDRESS **6467 LAKESHORE DR**
CITY-ST-ZIP **MILTON FL**

TITLE **DT** ☒ Delete
NAME **CHOATE, CR**
STREET ADDRESS **5300 LAKEWOOD DR.**
CITY-ST-ZIP **MILTON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPC** ☒ Change ☐ Addition
NAME **Julia A. Mathis**
STREET ADDRESS **6583 Lakeshore Drive**
CITY-ST-ZIP **Milton, FL 32570**

TITLE **DVC** ☒ Change ☐ Addition
NAME **Betty Baker**
STREET ADDRESS
CITY-ST-ZIP **Milton, FL 32570**

TITLE **DT** ☒ Change ☐ Addition
NAME **Patricia Davis**
STREET ADDRESS **6577 Lakeshore Drive**
CITY-ST-ZIP **Milton FL 32570**

TITLE **DS** ☒ Change ☐ Addition
NAME **Leigh Anne Davis**
STREET ADDRESS **6577 Lakeshore Dr**
CITY-ST-ZIP **Milton, FL 32570**

TITLE ☐ Change ☐ Addition
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:

SIGNATURE: Julia A. Mathis **4/5/03** **850-623-1938**

CR2E037 (10/02)