

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90236 030 ****61.25

DOCUMENT # 752131

1. Entity Name

**LAKELAND HIGHLANDS JUNIOR HIGH SCHOOL BAND PAREN
T'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**740 LAKE MIRIAM DRIVE
LAKELAND FL 33813-2151**

**740 LAKE MIRIAM DRIVE
LAKELAND FL 33813-2151**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2110005

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

**SHIPLET, VIRGINIA C
2515 CREWS LAKE HILLS LOOP NORTH
LAKELAND FL 33813**

Name **Cheryl Renna**
Street Address (P.O. Box Number is Not Acceptable)
5434 Overlook Pt
City **Lakeland** FL Zip Code **33813**

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

Cheryl Renna PD

1-25-02

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 ☐ Delete
NAME **PD RENNA, CHERYL**
STREET ADDRESS **5434 OVERLOOK PT**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPD BRYAN, TAMMY**
STREET ADDRESS **5560 EMERALD RIDGE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **SD CHOATE, DEBRA**
STREET ADDRESS **1123 KNIGHTS PLACE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☒ Change ☐ Addition
NAME **SD LAURIE LEGG**
STREET ADDRESS **3517 ROYAL COURT SOUTH.**
CITY-ST-ZIP **LAKELAND, FLORIDA 33813**

TITLE ☒ Delete
NAME **TD SHIPLET, VIRGINIA C**
STREET ADDRESS **2515 CREWS LAKE HILLS LOOP N**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☒ Change ☐ Addition
NAME **TD CYNDY TARR**
STREET ADDRESS **5512 EMERALD RIDGE BLVD.**
CITY-ST-ZIP **LAKELAND, FL. 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Cyndy Tarr (Cyndy Tarr)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

Date

843-619-8655

Daytime Phone #

CR2E037 (9/01)