

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752373

1. Entity Name

LAKE PLACID BOARD OF REALTORS, INC.

Principal Place of Business

Mailing Address

124 EAST PARK AVE
LAKE PLACID FL 33852
US

PO BOX 188
PO BOX 188
LAKE PLACID FL 33862-0188
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2000094

Applied For

Not Applicable

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

SHEEHAN, J. TIMOTHY
234 CENTRAL AVE.
LAKE PLACID FL 33852

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME RUDD, EVELYN
STREET ADDRESS 74 TOWER STREET
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE President ☒ Change ☐ Addition
NAME Bolton, Janet Bernfeld
STREET ADDRESS 2203 US 27 North
CITY-ST-ZIP Lake Placid, FL 33852

TITLE T ☐ Delete
NAME POLK, CAROLE
STREET ADDRESS 2203 US 27 NORTH
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE Treasurer ☐ Change ☐ Addition
NAME Clark, Sue
STREET ADDRESS 2203 US 27 North
CITY-ST-ZIP Lake Placid, FL 33852

TITLE VP ☐ Delete
NAME RUSSELL, MELISSA
STREET ADDRESS 847 US 27 SOUTH
CITY-ST-ZIP LAKE PLACID FL

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

TITLE D ☐ Delete
NAME LABONOWITZ, GAYLE
STREET ADDRESS 518 US 27 S
CITY-ST-ZIP LAKE PLACID FL

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

TITLE D ☐ Delete
NAME WARNER, JEANNE
STREET ADDRESS 2203 US 27 NORTH
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE Director ☒ Change ☐ Addition
NAME Turvey, James
STREET ADDRESS 518 US 27 South
CITY-ST-ZIP Lake Placid, FL 33852

TITLE AED ☐ Delete
NAME CARTER, SANDRA
STREET ADDRESS 301 INTERLAKE BLVD.
CITY-ST-ZIP LAKE PLACID FL

TITLE Association Executive ☒ Change ☐ Addition
NAME Allen, Sandra
STREET ADDRESS 124 E. Park Avenue
CITY-ST-ZIP Lake Placid, FL 33852

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 REQUIRED* Janet Bernfeld Bolton, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-
465-1234

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90032 025 ****61.25



DO NOT WRITE IN THIS SPACE