

# 2002 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 33852-7188  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2000094

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

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  
NAME BOLTON, JANET B  
STREET ADDRESS 2203 US 27 N  
CITY-ST-ZIP LAKE PLACID FL 33852 ☒ Delete

TITLE President  
NAME Melissa Russell  
STREET ADDRESS 847 US 27 S  
CITY-ST-ZIP Lake Placid, Fl. 33852 ☒ Change ☐ Addition

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

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

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

TITLE VP  
NAME Gayle Labanowitz  
STREET ADDRESS 1843 US 27 N  
CITY-ST-ZIP Sebring, Fl. 33870 ☒ Change ☐ Addition

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

TITLE Director  
NAME Debbie Malloy-Thorp  
STREET ADDRESS 36 N. Main St  
CITY-ST-ZIP Lake Placid, Fl. 33852 ☒ Change ☐ Addition

TITLE D  
NAME TURVEY, JAMES  
STREET ADDRESS 518 US 27 N  
CITY-ST-ZIP LAKE PLACID FL 33852 ☒ Delete

TITLE Director  
NAME Penny McKay  
STREET ADDRESS 2203 US 27 N  
CITY-ST-ZIP Lake Placid, Fl. 33852 ☒ Change ☐ Addition

TITLE AED  
NAME ALLEN, SANDRA  
STREET ADDRESS 124 E. PARK AVE  
CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

Melissa P. Russell  
Melissa P. Russell 1/21/02 863-465-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)