

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

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90144 006 \*\*\*\*61.25

**DOCUMENT # 752373**

1. Entity Name

**LAKE PLACID BOARD OF REALTORS, INC.**



Principal Place of Business

**124 EAST PARK AVE  
LAKE PLACID FL 33852  
US**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-2000094**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**60008645**



6. Name and Address of Current Registered Agent

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

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RUSSELL, MELISSA</b>	
STREET ADDRESS	<b>847 US 27 SOUTH</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLARK, SUE</b>	
STREET ADDRESS	<b>2203 US 27 NORTH</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LABANOWITZ, GAYLE</b>	
STREET ADDRESS	<b>1843 US 27 NORTH</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MALLOY-THORPE, DEBBIE</b>	
STREET ADDRESS	<b>36 N. MAIN ST</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCKAY, PENNY</b>	
STREET ADDRESS	<b>2203 US 27 NORTH</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>AED</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, SANDRA</b>	
STREET ADDRESS	<b>124 E. PARK AVE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gayle Labanowitz</b>	
STREET ADDRESS	<b>1843 US 27 N</b>	
CITY-ST-ZIP	<b>Sebring, Fl. 33870</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jeanne Butler</b>	
STREET ADDRESS	<b>358 US 27 N</b>	
CITY-ST-ZIP	<b>Lake Placid, Fl. 33852</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sue Clark</b>	
STREET ADDRESS	<b>2203 US 27 N</b>	
CITY-ST-ZIP	<b>Lake Placid, Fl. 33852</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

1-14-03

863-465-3444

CR2E037 (10/02)