

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002 8:00 am
Secretary of State
 01-09-2002 90017 048 ****61.25

0062653

DOCUMENT # 755071

1. Entity Name
ADAMSTOWN I OF AVON PARK, INC.

Principal Place of Business Mailing Address
107 INTERLAKE BLVD P O BOX 698
LAKE PLACID FL 33852 LAKE PLACID FL 33852
US US

2. Principal Place of Business 3. Mailing Address
155 E. Interlake Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Zip Country
Lake Placid, Florida
33852 Highlands

City & State Zip Country

4. FEI Number **59-2917125**

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

TOMPKINS, JAMES E.
107 INTERLAKE BLVD.
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **PST TOMPKINS, JAMES E.**
 STREET ADDRESS **107 INTERLAKE BLVD**
 CITY-ST-ZIP **LAKE PLACID FL**

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

TITLE ☐ Delete
 NAME **DVP KELLY, W. JAMES**
 STREET ADDRESS **1525 S. FLORIDA AVE**
 CITY-ST-ZIP **LAKELAND FL**

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

TITLE ☐ Delete
 NAME **D TOMPKINS, LOUISE**
 STREET ADDRESS **225 E. PARK AVE**
 CITY-ST-ZIP **LAKE PLACID FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]* **SIGNATURE REQUIRED** 1/7/02 863 4653281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)