

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90307 008 ****61.25

DOCUMENT # 766690

1. Entity Name

LAKELAND YACHT AND COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

929 LAKE HOLLINGSWORTH DR.
 LAKELAND FL 33803-3199

929 LAKE HOLLINGSWORTH DR.
 LAKELAND FL 33803-3199

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0530324

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, MICHAEL D.
400 FLORIDA FEDERAL BLDG
LAKELAND FL 33801

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: PCD
 NAME: CLEMENTS, MARK Delete
 STREET ADDRESS: 504 EASTON DR
 CITY-ST-ZIP: LAKELAND FL

TITLE: PCD
 NAME: BUZZANCA, FRANK Change Addition
 STREET ADDRESS: 4302 FOREST HILLS DR
 CITY-ST-ZIP: LAKELAND, FL 33813

TITLE: CD
 NAME: BUZZANCA, FRANK Delete
 STREET ADDRESS: 4302 FOREST HILLS DR
 CITY-ST-ZIP: LAKELAND FL

TITLE: CD
 NAME: TOUCHTON, DAVID Change Addition
 STREET ADDRESS: 3504 JACQUE LEE LANE
 CITY-ST-ZIP: LAKELAND, FL 33803

TITLE: T
 NAME: MAMMEL, JAMES B Delete
 STREET ADDRESS: 746 HANOVER WAY
 CITY-ST-ZIP: LAKELAND FL 33813

TITLE: VCD
 NAME: ATTAWAY, JOHN Change Addition
 STREET ADDRESS: PO BOX 407
 CITY-ST-ZIP: LAKELAND, FL 33802

TITLE: S
 NAME: FRANKLIN, JIM Delete
 STREET ADDRESS: 2323 HOLLINGSWORTH HILL
 CITY-ST-ZIP: LAKELAND FL 33803

TITLE: RCD
 NAME: MAMMEL, JAMES B Change Addition
 STREET ADDRESS: 746 HANOVER WAY
 CITY-ST-ZIP: LAKELAND, FL 33813

TITLE: VCD
 NAME: TOUCHTON, DAVID Delete
 STREET ADDRESS: 3504 JACQUE LEE LN
 CITY-ST-ZIP: LAKELAND FL 33803

TITLE: T
 NAME: FRANKLIN, JIM Change Addition
 STREET ADDRESS: 2323 HOLLINGSWORTH HILL
 CITY-ST-ZIP: LAKELAND, FL 33803

TITLE: RCD
 NAME: ATTAWAY, JOHN Delete
 STREET ADDRESS: P O BOX 407 N/A
 CITY-ST-ZIP: LAKELAND FL

TITLE: S
 NAME: CLARK, RON Change Addition
 STREET ADDRESS: 6009 CRICKET DR
 CITY-ST-ZIP: LAKELAND, FL 33813

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: *Jim Franklin* **SIGNATURE REQUIRED** **JIM FRANKLIN**

Date: **2/1/01** Daytime Phone #: **863-686-2582**

CFR2E037 (10/00)