

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90083 023 ****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

Zip

Country

Zip

Country

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 | S | <input type="checkbox"/> Delete |
| NAME | CLARK, RON | |
| STREET ADDRESS | 6009 CRICKET DRIVE | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | PCD | <input checked="" type="checkbox"/> Delete |
| NAME | BUZZANCA, FRANK | |
| STREET ADDRESS | 4302 FOREST HILLS DR | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | RCD | <input type="checkbox"/> Delete |
| NAME | MAMMEL, JAMES B | |
| STREET ADDRESS | 746 HANOVER WAY | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | FRANKLIN, JIM | |
| STREET ADDRESS | 2323 HOLLINGWORTH HILL | |
| CITY-ST-ZIP | LAKELAND FL 33803 | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | TOUCHTON, DAVID | |
| STREET ADDRESS | 3504 JACQUE LEE LN | |
| CITY-ST-ZIP | LAKELAND FL 33803 | |
| TITLE | VCD | <input type="checkbox"/> Delete |
| NAME | ATTAWAY, JOHN | |
| STREET ADDRESS | P O BOX 407 N/A | |
| CITY-ST-ZIP | LAKELAND FL | |

| | | |
|----------------|-------------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARK, RON | |
| STREET ADDRESS | 6009 CRICKET DRIVE | |
| CITY-ST-ZIP | LAKELAND, FL 33813 | |
| TITLE | VCD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Amash, James B | |
| STREET ADDRESS | 746 HANOVER WAY | |
| CITY-ST-ZIP | LAKELAND, FL 33813 | |
| TITLE | RCD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Franklin, Jim | |
| STREET ADDRESS | 2323 Hollingsworth Hill | |
| CITY-ST-ZIP | LAKELAND, FL 33803 | |
| TITLE | PCD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Touchton, David | |
| STREET ADDRESS | 3504 JACQUE LEE Linc | |
| CITY-ST-ZIP | LAKELAND, FL 33803 | |
| TITLE | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ATTAWAY, John | |
| STREET ADDRESS | P O Box 407 | |
| CITY-ST-ZIP | LAKELAND, FL | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hon III, James | |
| STREET ADDRESS | 2015 Deacon Byway | |
| CITY-ST-ZIP | LAKELAND, FL 33803 | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Clark
Treasurer

2-22-02 849-647-5337
 Date Daytime Phone #

CR2E037 (9/01)