

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768728

1. Entity Name

NORTH LAKE LAND BUSINESS ASSOCIATION, INC.

Principal Place of Business

5320 U.S. HWY 98N
P.O. BOX 24551
LAKE LAND FL 33809

Mailing Address

5320 U.S. HWY 98N
P.O. BOX 24551
LAKE LAND FL 33802-4551

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

59-2482338

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

CRAWFORD, JOHN R
4280 US HWY 98 N
LAKE LAND FL 33809

7. Name and Address of New Registered Agent

Name

Judy Wilder

Street Address (P.O. Box Number is Not Acceptable)

1001 Carpenters Way

City

Lakeland

FL

Zip Code
33809

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

Judy Wilder

Judy Wilder, President

1/26/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOBSON, SANDY	
STREET ADDRESS	4330 US HIGHWAY 98 N	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, JOHN	
STREET ADDRESS	4280 US HIGHWAY 98 N	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HYMAN, RANDY	
STREET ADDRESS	5320 US HIGHWAY 98 N	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILDER, JUDY	
STREET ADDRESS	1001 CARPENTERS WAY	
CITY-ST-ZIP	LAKE LAND FL 33805	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FORTAIN, JANE	
STREET ADDRESS	4420 US HIGHWAY 98 N	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandy Dobson	
STREET ADDRESS	4330 US Highway 98 North	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Wilder	
STREET ADDRESS	1001 Carpenters Way	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Githens	
STREET ADDRESS	1212 George Jenkins Blvd.	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandi Tyler	
STREET ADDRESS	5240 Post Lane	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane Fortin	
STREET ADDRESS	4420 US Highway 98 N.	
CITY-ST-ZIP	Lakeland, FL 33809	
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:

Judy Wilder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer

1/26/00

863-519-2162

Date

Daytime Phone #

CR2E037 (9/99)