

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769771

1. Entity Name

KIMBERLEA CONDOMINIUM V ASSOCIATION, INC.

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90105 017 \*\*\*\*61.25

0083075

Principal Place of Business		Mailing Address	
2025 SYLVESTER RD. BLDG. W LAKELAND FL 33803		2025 SYLVESTER RD. BLDG. W LAKELAND FL 33803	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number	59-2928126	Applied For
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAMUEL BROWN 2025 SYLVESTER ROAD SUITE H-3 LAKELAND FL 33803		Name Street Address (P.O. Box Number is Not Acceptable) Condo # H-3, not Suite H-3 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 this is 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	P	TITLE	VP
NAME	BROWN, SAMUEL	NAME	Carolyn Field
STREET ADDRESS	2025 SYLVESTER RD H3	STREET ADDRESS	2025 Sylvester Rd H-4
CITY-ST-ZIP	LAKELAND FL 33803	CITY-ST-ZIP	Lakeland, FL 33803
TITLE	D	TITLE	
NAME	SHOUP, LESTER	NAME	
STREET ADDRESS	2025 SYLVESTER RD G1	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	NICHOLS, LORETTA	NAME	
STREET ADDRESS	2025 SYLVESTER RD BB-7	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	CITY-ST-ZIP	
TITLE	DT	TITLE	
NAME	IOLA, ARNOLD G	NAME	
STREET ADDRESS	2025 SYLVESTER ROAD BB-4	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	POWELL, MARGARET	NAME	
STREET ADDRESS	2025 SYLVESTER RD, AA A A 5	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)