

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92402

1. Entity Name

ANCHOR PROPERTY DEVELOPMENT, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90073 001 ***775.00

Principal Place of Business

Mailing Address

% GEORGE M LINDSEY III
520 S FLORIDA AVE
LAKELAND FL 33801
US

% GEORGE M LINDSEY III
520 SO FLORIDA AVENUE
LAKELAND FL 33801-5229
US

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

59-2213104

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

GEORGE M LINDSEY III
520 SO FLORIDA AVENUE
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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LINDSEY, GEORGE M III
STREET ADDRESS 1631 LAGOON PL
CITY-ST-ZIP LAKELAND, FL 00000 ☐ Delete

TITLE P
NAME Lindsey, George M.
STREET ADDRESS 510 Tiffany Terrace
CITY-ST-ZIP Lakeland, FL 33813 ☒ Change ☐ Addition

TITLE D
NAME SKIPPER, EDWARD M
STREET ADDRESS 2901 OLD HOMELAND RD
CITY-ST-ZIP BARTOW FL 33830 ☐ Delete

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

TITLE D
NAME PHILLIPS, KENDALL S
STREET ADDRESS 1050 FOX HUNT DR
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Lisa C. Guertin
STREET ADDRESS 5155 Brook Loop
CITY-ST-ZIP Lakeland, FL 33811 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa C. Guertin 3/1/00 813-683-6173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)