

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 13, 2002 8:00 am
Secretary of State**

05-13-2002 90192 029 ****61.25

DOCUMENT # F99000003963

1. Entity Name

LAKELAND FOUNDATION, INC.

653772

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1700 W. Highway 96

3. Mailing Address
1700 W. Highway 96

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Arden Hills, MN

City & State
Arden Hills, MN

4. FEI Number
36-3304708

Applied For
Not Applicable

Zip
55112

Country

Zip
55112

Country

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Brook, Linda R
Street Address (P.O. Box Number is Not Acceptable)
8918 S.E. Wateroak Place

City
Tequesta FL Zip
33469

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

Linda R. Brook

4/25/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	Brook, Linda R 8918 S.E. Wateroak Place Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Peltier, Gerald R 8962 S.E. North Passage Way Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Brook, Larry 8918 S.E. Wateroak Place Tequesta, FL 33469
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda R. Brook

4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)