

2001 UNIFORM BUSINESS REPORT (UBR)

0019101 AF

DOCUMENT # L99000005984

1. Entity Name
THE LAKELAND PALM GROUP, LLC

Principal Place of Business
1905 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

Mailing Address
1905 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

FILED

01 FEB -1 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3604404

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRITTON, CHARLES P
C/O WENDEL, CHRITTON, PARKS & DEBARI
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM WAGNER, ROBERT W
STREET ADDRESS 5806 LAKE BREEZE AVENUE
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

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

TITLE NAME MGRM SGJ AVIATION, INC.
STREET ADDRESS 1905 SOUTH FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003657303--5
CITY-ST-ZIP -02/08/01--01029--005

TITLE NAME MGRM CASWELL, JOHN F
STREET ADDRESS 510 GOLDENROD COURT
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: R. GUERRY JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-30-01

Date

863-682-5151

Daytime Phone #

CR2E083 (11/00)