

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M87275

1. Entity Name

FIRST AMERICAN PROPERTIES LAKELAND CORPORATION

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90203 027 \*\*\*150.00

Principal Place of Business

Mailing Address

1501 SHEPHERD RD STE 5  
P O BOX 6271  
LAKELAND FL 33811  
US

PO BOX 6271  
LAKELAND FL 33807-6271  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2896341**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

PARKS, JOHN PAUL  
C/O WENDEL & CHRITTON, CHARTERED  
5300 SOUTH FLORIDA AVE.  
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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	HODGES, CARLTON D.	1501 SHEPHERD RD, STE 5	LAKELAND FL				
D	BLAKE, WENDELL O.	1420 MARTIN LUTHER KING	LAKELAND FL				
D	OWENS, THOMAS A.	3000 ROYAL MARCO WAY 615	MARCO ISLAND FL				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)