

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005537

1. Entity Name

TYLER CLUB #52 COMMUNITY FOUNDATION, INC.

Principal Place of Business

P O BOX 1424
LAKELAND FL 33802-1424

Mailing Address

P O BOX 1424
LAKELAND FL 33802-1424

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

☒ 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

BOWERS, ANDREW
1717 BELL GROVE ST
LAKELAND FL 33805

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

Andrew Bowers

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

(NOTE: Registered Agent signature required when reinstating)

May 1, 2001

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** ☐ Delete
NAME BOWERS, ANDREW
STREET ADDRESS 1717 BELL GROVE ST
CITY-ST-ZIP LAKELAND FL 33805

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

TITLE **V** ☐ Delete
NAME BROWN, STEVE
STREET ADDRESS 1205 MAYFLOWERS DR
CITY-ST-ZIP LAKELAND FL 33810

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

TITLE **S** ☒ Delete
NAME JONES, DARRYL L
STREET ADDRESS 3912 LEHMAN CT
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
NAME SECRETARY
STREET ADDRESS HENRY D. HARRIS
CITY-ST-ZIP 2904 BELL VISTA ST W
LAKELAND, FL 33810

TITLE **D** ☐ Delete
NAME REED, JOSEPH T SR
STREET ADDRESS 124 W EMMA ST
CITY-ST-ZIP LAKELAND FL 33805

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

TITLE **D** ☐ Delete
NAME ROBINSON, RAYMOND
STREET ADDRESS 1205 ALAMEDA DR S
CITY-ST-ZIP LAKELAND FL 33805

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

TITLE **D** ☐ Delete
NAME EULINE, EDWARD
STREET ADDRESS 640 N LAKE SWOOPE DR
CITY-ST-ZIP LAKELAND FL 33850

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Andrew Bowers REQUIRED

May 1, 2001 863
683-4692

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91553 023 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)