

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003711

FILED
Apr 30, 2003
Secretary of State

Entity Name: LAKELAND UNITED COMMUNITIES, INC.

Current Principal Place of Business:

208 UNION DRIVE
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2614
LAKELAND, FL 338062614

New Mailing Address:

208 UNION DRIVE
LAKELAND, FL 33805

FEI Number: 74-3088317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, ANNA K PRES
1140 E MCDONALD ST
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADKINS, ANNA K
Address: 208 UNION DRIVE
City-St-Zip: LAKELAND, FL 33805

Title: VD () Delete
Name: LANTIS, KRISTINA G
Address: 208 UNION DRIVE
City-St-Zip: LAKELAND, FL 33805

Title: STD () Delete
Name: PRESTON, ANGELLA R
Address: 208 UNION DRIVE
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ADKINS, ANNA K
Address: 208 UNION DRIVE
City-St-Zip: LAKELAND, FL 33805

Title: VD (X) Change () Addition
Name: LANTIS, KRISTINA G
Address: 4645 WINNETKA AVE N
City-St-Zip: NEW HOPE, MN 55428

Title: VD (X) Change () Addition
Name: KNOX, ANNA S
Address: 1026 MURRAY ROAD LOOP
City-St-Zip: PEARL RIVER, LA 70452

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA K. ADKINS

PRES

04/30/2003

Electronic Signature of Signing Officer or Director

Date