

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02526

1. Entity Name

THE LAKEWOOD SOUTH CHRISTIAN ASSOCIATION, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90113 036 ****61.25

Principal Place of Business

7700 OSCEOLA - POLK LINE ROAD
DAVENPORT FL 33837

Mailing Address

7700 OSCEOLA - POLK LINE ROAD
DAVENPORT FL 33837-9113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2393906

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

HUSSEY, LESLIE
7700 OSCEOLA - POLK LINE ROAD
DAVENPORT FL 33837

Name

REESE JAMES R

Street Address (P.O. Box Number is Not Acceptable)

7700 OSCEOLA POLK LINE RD LOT C-13

City

DAVENPORT

FL

Zip Code

33837

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

James R Reese Treasurer

March 13, 2000

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

(NOTE: Registered Agent signature required when reinstating)

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 D ☒ Delete
NAME KOHL, EDWARD
STREET ADDRESS 7700 OSCEOLA - POLK LINE ROAD LOT F-14
CITY-ST-ZIP DAVENPORT FL 33837

TITLE D ☐ Change ☒ Addition
NAME PADRONS MARLENE
STREET ADDRESS 7700 OSCEOLA POLK LINE RD LOT 29
CITY-ST-ZIP DAVENPORT, FLA 33837

TITLE D ☒ Delete
NAME HUSSEY, LESLIE
STREET ADDRESS 7700 S. R. 532
CITY-ST-ZIP DAVENPORT FL

TITLE D ☐ Change ☒ Addition
NAME ALLPORT NANCY
STREET ADDRESS 7700 OSCEOLA POLK LINE RD LOT 113
CITY-ST-ZIP DAVENPORT FLA 33837

TITLE D ☒ Delete
NAME GRANT, EDWARD
STREET ADDRESS 7700 S R 532
CITY-ST-ZIP DAVENPORT FL

TITLE D ☐ Change ☒ Addition
NAME COOSAY WALTER
STREET ADDRESS 7700 OSCEOLA POLK LINE RD LOT C-9
CITY-ST-ZIP DAVENPORT FLA 33837

TITLE D ☐ Delete
NAME REESE, JAMES R
STREET ADDRESS 7700 OSCEOLA - POLK LINE ROAD LOT 1-4
CITY-ST-ZIP DAVENPORT FL 33837

TITLE D ☒ Change ☐ Addition
NAME JAMES R REESE
STREET ADDRESS 7700 OSCEOLA POLK LINE RD LOT C-9
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JAMES R REESE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

863-420-9472

Daytime Phone #

CR2E037 (9/99)