

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91116 030 ****70.00

DOCUMENT # **NO2837**

1. Entity Name

Lakeland Christina Rotary Club, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

614 Palmore Court

Suite, Apt. #, etc.

3. Mailing Address

614 Palmore Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-2403055

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael E. Workman

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

Clark, Campbell + Mawhinney, P.A.

500 South Florida Avenue, Suite 800

City

Lakeland

FL

Zip Code

33801

**DO NOT WRITE
IN THIS SPACE**

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

Michael E. Workman

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

(NOTE: Registered Agent signature required when reinstating)

4-24-02

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Barbara Linberger 527 Emerald Cove Loop Lakeland, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPE George Mort 2249 Eastmeadows Court Lakeland, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Michael Workman 2318 Eastmeadows Road Lakeland, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Carol Hughes 4619 South Pipkin Road Lakeland, FL 33811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Loretta Womble 614 Palmore Court Lakeland, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Hand 632 Oak Drive West Lakeland, FL 33803	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE **Loretta Womble** **Loretta Womble** **4/25/2002** **(863) 646-2246**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone

CR2E037B (12/01)