# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 22, 2001 8:00 am**
**Secretary of State**
02-22-2001 90004 003 ****61.25

DOCUMENT # N08785

1. Entity Name

LEADERSHIP LAKELAND ALUMNI ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 2903<br>LAKELAND FL 33806-2903 | P.O. BOX 2903<br>LAKELAND FL 33806-2903 |

DO NOT WRITE IN THIS SPACE

| 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 59-2736319 ☐ 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 |
|---|---|
| PIPKIN, JOLINDA<br>2225 E EDGEWOOD DR<br>LAKELAND FL 33803 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HENSON, DEBRA<br>219 N MASSACHUSETTS AVE<br>LAKELAND FL 33801 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY/DIRECTOR(S/D)<br><br>LAKELAND, FL | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LINDSEY, LYONAL B JR<br>1401 S FLORIDA AVE<br>LAKELAND FL 33803 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE PRES/DIRECTOR(V/D)<br>LYLE PHIL<br>LAKELAND, FL | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>JONES, JANICE T<br>103 S FLORIDA AVE<br>LAKELAND FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT/DIRECTOR (P/D) | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GOLENO, TERRI A<br>726 S MISSOURI AVE<br>LAKELAND FL 33803 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER/DIRECTOR (T/D)<br>GAY RATCLIFF<br>LAKELAND, FL | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** S/Ratliff GAY RATCLIFF TREASURER 2-20-01 863-686-3189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #