

2001 UNIFORM BUSINESS REPORT (UBR)

3

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-19-2001 90390 008 ****96.25

DOCUMENT # N08921

1. Entity Name

LAKELAND ESTATES, M.H.P. INC.

Principal Place of Business

**2A KATHY
 LAKELAND FL 33801
 US**

Mailing Address

**2A KATHY
 LAKELAND FL 33801
 US**

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

59-2957258

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

Name

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

City

FL

Zip Code

**BLACK, CLARENCE E
 2A KATHY AVE.
 LAKELAND FL 33801**

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	PTR	<input checked="" type="checkbox"/> Delete
NAME	GRAY, GEORGE	
STREET ADDRESS	18-A GEORGE ST.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VTR	<input checked="" type="checkbox"/> Delete
NAME	BROWN, BERNARD	
STREET ADDRESS	62 JANIE AVE.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEINMAN, VI	
STREET ADDRESS	9 GEORGE ST.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	PLINE, ALICE	
STREET ADDRESS	34A PERRY ST.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	S	<input type="checkbox"/> Delete
NAME	DARLING, JUDITH	
STREET ADDRESS	6 GEORGE ST.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Bernard Brown	
STREET ADDRESS		62 JANIE AVE.	
CITY-ST-ZIP		Lakeland, FL 33801	
TITLE	T	1st. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Vale Fifer	
STREET ADDRESS		44 Janie Ave	
CITY-ST-ZIP		Lakeland, FL 33801	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T	2nd Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Donald Bentley	
STREET ADDRESS		18 Buddy St.	
CITY-ST-ZIP		Lakeland, FL 33801	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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:

Judith Darling
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

863-284-0823

Date

Daytime Phone #

CR2E037 (10/00)