

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90213 033 ****61.25

DOCUMENT # N11361

1. Entity Name

LAKE PLACID FESTIVAL ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1824
LAKE PLACID FL 33852

Mailing Address

P.O. BOX 1824
LAKE PLACID FL 33852

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 **59-2825007**

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

OWEN, LAVERNE
139 LAKE FRANCIS DRIVE
LAKE PLACID FL 33852

Name

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **OBENCHAIN, HELEN**
STREET ADDRESS **1504 BALSAM ST.**
CITY-ST-ZIP **LAKE PLACID FL**

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

TITLE **D** ☐ Delete
NAME **ROBINSON, SUELLEN**
STREET ADDRESS **309 WASHINGTON BLVD.**
CITY-ST-ZIP **LAKE PLACID FL**

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

TITLE **P** ☐ Delete
NAME **PEEPLES, VANN**
STREET ADDRESS **132 CUMQUAL RD NW**
CITY-ST-ZIP **LAKE PLACID FL**

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

TITLE **D** ☒ Delete
NAME **DANLEY, PEARL**
STREET ADDRESS **109 COLE DANLEY DR.**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **D** ☒ Change ☐ Addition
NAME **CARDI MILLS**
STREET ADDRESS **213 CATFISH ROAD**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **VP** ☒ Delete
NAME **KROG, MARY LOU**
STREET ADDRESS **229 WASHINGTON AVE.**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **PAT BEAUGARD**
STREET ADDRESS **223 LAKEVIEW CT NW.**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **T** ☐ Delete
NAME **OWEN, LAVERNE M**
STREET ADDRESS **LAKE FRANCIS DR**
CITY-ST-ZIP **LAKE PLACID FL 33852**

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: LAVERNE OWEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 (863) 465-5503

CR2E037 (10/02)