

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90255 006 ****70.00

DOCUMENT # N15253

1. Entity Name

LAKELAND ASSEMBLIES COTILLION CLUB, INC.

Principal Place of Business

3918 CANYON LAKE POINT
P.O. BOX 6202 (33807)
LAKELAND FL 33813

Mailing Address

P.O. BOX 6202
LAKELAND FL 33807
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

59-1917966

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

~~COOK, KATHERINE H.~~
300 E MAXWELL STREET
LAKELAND FL 33803

Name CACIOPPO, MELANIE H

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

6919 WILDBERRY LN

City LAKELAND

FL

Zip Code 33813

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 MELANIE CACIOPPO TREAS.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-02

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 PD
NAME ANDERSON, MARYBETH
STREET ADDRESS 6004 PIER PLACE DRIVE
CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE SD
NAME CLYNE, MARILYN
STREET ADDRESS 1002 E. HIGHLAND DR.
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE VD
NAME TART, SUSIE
STREET ADDRESS 2732 COVENTRY AVE.
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE TD
NAME CACIOPPE, MELANIE
STREET ADDRESS 6919 WILDBERRY LN
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE SD
NAME COMPERETTO, GREG
STREET ADDRESS 1300 JEFFERSON DRIVE
CITY-ST-ZIP LAKELAND FL 33803 ☒ Delete

TITLE TD
NAME COOK, KATHY
STREET ADDRESS 300 E. MAXWELL ST.
CITY-ST-ZIP LAKELAND FL 33803 ☒ Delete

TITLE P.D.
NAME TART, SUSIE
STREET ADDRESS 2732 COVENTRY AVE
CITY-ST-ZIP LAKELAND, FL. 33803 ☒ Change ☐ Addition

TITLE VP
NAME MELTON, LAURIE
STREET ADDRESS 1717 PINEBERRY CT
CITY-ST-ZIP LAKELAND, FL. 33803 ☒ Change ☒ Addition

TITLE TD
NAME CACIOPPO-MELANIE
STREET ADDRESS 6919 WILDBERRY LN
CITY-ST-ZIP LAKELAND, FL. 33813 ☒ Change ☐ Addition

TITLE TD
NAME KIM RATHVEN
STREET ADDRESS 1416 BRIARWOOD LN
CITY-ST-ZIP LAKELAND, FL. 33803 ☒ Change ☒ Addition

TITLE SD
NAME CLYNE, MARILYN
STREET ADDRESS 1002 E. HIGHLAND DR.
CITY-ST-ZIP LAKELAND, FL. 33813 ☐ Change ☐ Addition

TITLE SD
NAME MILLER, DANI
STREET ADDRESS 2207 HAWTHORNE TR.
CITY-ST-ZIP LAKELAND, FL. 33803 ☐ Change ☒ Addition

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:

MELANIE H. CACIOPPO MELANIE H. CACIOPPO 4-22-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(863) 644-7069

CR2E037 (9/01)