

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19070

1. Entity Name

LAKE WALES MAIN STREET, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90123 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

100 E. STUART AVENUE  
LAKE WALES FL 33853  
US

P.O. BOX 591  
LAKE WALES FL 33859-0591

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2774401

Applied For

Not Applicable

Zip

Country

Zip

Country

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

1. LYLE, WYLENE

229 E. STUART 100 E. STUART AVE  
LAKE WALES FL 33853

Name **D. PATRICK CAIN**

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

100 E. STUART

City **LAKE WALES**

**FL**

Zip Code **33853**

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 ☐ Delete  
NAME **P LYLE, WYLENE**  
STREET ADDRESS **100 229 E STUART AVENUE**  
CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE ☐ Delete  
NAME **V PEDERSON PARKS, LISA**  
STREET ADDRESS **249 E. STUART AVENUE**  
CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE ☐ Delete  
NAME **ST CAIN, PAT**  
STREET ADDRESS **100 E. STUART AVENUE**  
CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE ☐ Delete  
NAME **D ETHINGTON, ED**  
STREET ADDRESS **340 WEST CENTRAL AVENUE**  
CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE ☐ Delete  
NAME **D ADAMS, BETTYE**  
STREET ADDRESS **245 E. PARK AVENUE**  
CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE ☐ Delete  
NAME **D HARDMAN, MIMI**  
STREET ADDRESS **300 S. LAKESHORE BLVD.**  
CITY-ST-ZIP **LAKE WALES FL 33853**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)