

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90194 029 ****70.00

DOCUMENT # N23480

1. Entity Name

LAKE LYAL LASSIE LEAGUE, INC.

Principal Place of Business

Mailing Address

3645 GUN CLUB RD.
 WEST PALM BEACH FL 33416
 US

PO BOX 17362
 WEST PALM BCH FL 33416-7362
 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

65-0125253

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

BELL, CONNIE
8035 DILLMAN ROAD
WEST PALM BEACH FL 33411

Name

HAMMOND, JAMES

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

3789 KENYON ROAD

City

LAKE WORTH

FL

Zip Code

33461

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

James W. Hammond **JAMES W. HAMMOND** 5-1-01

President

**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** ☒ Delete
 NAME **HALE, MORRIS U**
 STREET ADDRESS **2702 ROCKY DRIVE, BAY A**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **VD** ☐ Change ☐ Addition
 NAME **MARTIN, TIM**
 STREET ADDRESS **1355 ELMBANK WAY**
 CITY-ST-ZIP **ROYAL PALM BEACH, FL 33413**

TITLE **SD** ☒ Delete
 NAME **DUCOTE, MARY**
 STREET ADDRESS **74 CLEVELAND RD**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **SD** ☐ Change ☐ Addition
 NAME **STANLEY, LISA**
 STREET ADDRESS **1355 ELMBANK WAY**
 CITY-ST-ZIP **ROYAL PALM BEACH, FL 33413**

TITLE **VD** ☐ Delete
 NAME **HAMMOND, JAMES W**
 STREET ADDRESS **3789 KENYON ROAD**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **PD** ☒ Change ☐ Addition
 NAME **HAMMOND, JAMES W.**
 STREET ADDRESS **3789 KENYON ROAD**
 CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE **TD** ☒ Delete
 NAME **BELL, CONNIE**
 STREET ADDRESS **8035 DILLMAN ROAD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **TD** ☒ Change ☐ Addition
 NAME **HART-SMITH, PATRICIA**
 STREET ADDRESS **4171 FERN ST.**
 CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

James W. Hammond **JAMES W. HAMMOND** 5-1-01 722-0589 (561)

CR2E037 (10/00)