

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23480

1. Entity Name

LAKE LYAL LASSIE LEAGUE, INC.

Principal Place of Business

3645 GUN CLUB RD.  
WEST PALM BEACH FL 33416  
US

Mailing Address

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

HAMMONDS, JAMES  
3789 KENYON ROAD  
LAKE WORTH FL 33461

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.

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 VD  
NAME MARTIN, TIM  
STREET ADDRESS 1355 ELMBANK WAY  
CITY-ST-ZIP ROYAL PALM BEACH FL 33413

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE PD  
NAME HAMMOND, JAMES W  
STREET ADDRESS 3789 KENYON ROAD  
CITY-ST-ZIP LAKE WORTH FL 33461

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME HART-SMITH, PATRICIA  
STREET ADDRESS 4171 FERN STREET  
CITY-ST-ZIP LAKE WORTH FL 33461

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

*James W. Hammond* 1-10-02 561-722-0589

FILED  
Jan 31, 2002 8:00 am  
Secretary of State

01-31-2002 90097 001 \*\*\*\*66.25

01-31-2002 90097 002 \*\*\*\*\*8.75

11335



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)