

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

0044345

DOCUMENT # N31608

1. Entity Name
LAKELAND AREA DART LEAGUE ASSOCIATION, INC.

02-27-2002 90082 040 ****61.25

Principal Place of Business: P. O. BOX 1803
 LAKELAND FL 33802
 US

Mailing Address
 P. O. BOX 1803
 LAKELAND FL 33802
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3081611

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

CULLEN, WILLIAM J
326 ROBIN RD
LAKELAND FL 33803

Name
SAME

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	PAPIZAN, MIKE	
STREET ADDRESS	730 TENNESSEE ROD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VDP	<input type="checkbox"/> Delete
NAME	GAUSE, ARCHIE	
STREET ADDRESS	1336 BRAMBLEWOOD DRIVE	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CULLEN, WILLIAM	
STREET ADDRESS	326 ROBIN RD	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William J. Cullen* Date: *Feb 16/02* Daytime Phone #: *863-644-2155*

CR2E037 (9/01)