

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 10, 2001 08:00 AM****Secretary of State****DOCUMENT # N31848**

1. Entity Name

LAKE PLACID YOUTH FOOTBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 1736

PO BOX 1736

LAKE PLACID

FL

LAKE PLACID

FL

33852

33852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2946601**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIER KIM  
317 PALMETTO AVE  
PO BOX 2150  
LAKE PLACID  
33852

FL

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 **KIMBERLY OLIER****07/10/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLOUD PAIGE		NAME		
STREET ADDRESS	523 WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELGADO LISETTE		NAME	WELLS LINNETTE	
STREET ADDRESS	676 HAWK AVE NW		STREET ADDRESS	839 SOUTH MAIN STREET	
CITY-ST-ZIP	LAKE PLACID FL		CITY-ST-ZIP	LAKE PLACID FL	
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVINE CAROLYN		NAME	OLIER KIMBERLY	
STREET ADDRESS	677 LAKE BETTY DR		STREET ADDRESS	317 PALMETTO AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHERRY LORI		NAME	LAMMIE LORRI	
STREET ADDRESS	415 DARTER ST NW		STREET ADDRESS	325 WASHINGTON BLVD	
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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:** Kimberly Olier

PTD

07/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)