

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N31848

FILED  
Apr 24, 2002 8:00 AM  
Secretary of State

**Entity Name:** LAKE PLACID YOUTH FOOTBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 1736  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1736  
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number:** 59-2946601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIER, KIM  
317 PALMETTO AVE  
PO BOX 2150  
LAKE PLACID, FL 33852

**Name and Address of New Registered Agent:**

OLIER, KIMBERLY B  
317 PALMETTO AVE  
PO BOX 2150  
LAKE PLACID, FL 33852

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 B OLIER

04/24/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: LAMMIE, LORRI  
Address: 325 WASHINGTON BLVD  
City-St-Zip: LAKE PLACID, FL 33852

Title: PTD ( ) Delete  
Name: OLIER, KIMBERLY  
Address: 317 PALMETTO AVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: TD ( ) Delete  
Name: WELLS, LINNETTE  
Address: 839 SOUTH MAIN STREET  
City-St-Zip: LAKE PLACID, FL

Title: SD ( ) Delete  
Name: CLOUD, PAIGE  
Address: 523 WASHINGTON BLVD  
City-St-Zip: LAKE PLACID, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LAMMIE, LORRI  
Address: 325 WASHINGTON BLVD  
City-St-Zip: LAKE PLACID, FL 33852

Title: P (X) Change ( ) Addition  
Name: OLIER, KIMBERLY  
Address: 317 PALMETTO AVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: V (X) Change ( ) Addition  
Name: DUNTON, DAVE  
Address: 120 MARSHALL AVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: S (X) Change ( ) Addition  
Name: CLOUD, PAIGE  
Address: 523 WASHINGTON BLVD  
City-St-Zip: LAKE PLACID, FL

Title: D ( ) Change (X) Addition  
Name: DOTSON, AMY  
Address: 36 PALM HAVEN DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Change (X) Addition  
Name: KELLER, LAWANNA  
Address: 672 HAWK AVE  
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY B OLIER

P

04/24/2002

Electronic Signature of Signing Officer or Director

Date