

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32284

1. Entity Name

LAKEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90453 050 ****61.25

Principal Place of Business

Mailing Address

PO BOX 37331
TALLAHASSEE FL 32315

PO BOX 37331
TALLAHASSEE FL 32315-7331

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

NOT APPLICABLE

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

GREEN, MAX
5624 MAPLE FOREST DR
TALLAHASSEE FL 32303

Name **MUELLER, JOSEPH**

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

5619 LUNKER LANE

City **TALLAHASSEE**

FL

Zip Code **32303**

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

Joseph Mueller
JOSEPH MUELLER PRESIDENT

4/28/2000

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 ☒ Delete
NAME **VPD**
STREET ADDRESS **WHEELER, RAY**
CITY-ST-ZIP **5555 SPKT OAK CT**
TALLAHASSEE FL 32303

TITLE ☐ Change ☒ Addition
NAME **P/D**
STREET ADDRESS **MUELLER, JOSEPH**
CITY-ST-ZIP **5619 LUNKER LANE**
TALLAHASSEE FL 32303

TITLE ☒ Delete
NAME **PT**
STREET ADDRESS **GREEN, MAX**
CITY-ST-ZIP **5624 MAPLE FOREST DR.**
TALLAHASSEE FL

TITLE ☐ Change ☒ Addition
NAME **V/D**
STREET ADDRESS **NICHOLS, BUDDY**
CITY-ST-ZIP **5812 DOONESBURY WAY**
TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **SANDERS, IMOGENE**
CITY-ST-ZIP **5625 MOSSY TOP WAY**
TALLAHASSEE FL 32303

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

TITLE ☒ Delete
NAME **PD**
STREET ADDRESS **KNERR, RICHARD**
CITY-ST-ZIP **5658 LUNKER LN**
TALLAHASSEE FL

TITLE ☐ Change ☒ Addition
NAME **T/D**
STREET ADDRESS **SEWELL, JOANN**
CITY-ST-ZIP **4437 WIDGEON WAY**
TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **EDDY, MARIE**
CITY-ST-ZIP **4408 BLUE BILL PASS**
TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **SEE ATTACHED FOR ADDITIONS**

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:

Joseph Mueller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH MUELLER

Date

4/28/00

Daytime Phone # **850-562-9509**

CR2E037 (9/99)

Attachment
00078251
N32284

2000 Uniform Business Report (UBR)

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Lakewood Area Neighborhood Association

Additions:

Title D
Name Rioux, Faye
Street Address 5722 Mossy Top Way
City-St-ZIP Tallahassee FL 32303

Title D
Name Rubin, Michael
Street Address 4441 Widgeon Way
City-St-ZIP Tallahassee FL 32303

Title D
Name Thompson, Mary
Street Address 5539 Mossy Top Way
City-St-ZIP Tallahassee FL 32303

Title D
Name Waldman, Susan
Street Address 4433 Blue Bill Pass
City-St-ZIP Tallahassee FL 32303


Joseph Mueller President

4/28/2000

850-562-9509