

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002129

1. Entity Name

SOUTH LAKE LAND TEAMS, INC.

Principal Place of Business

4740 CLEVELAND HEIGHTS BLVD  
LAKE LAND FL 33807

Mailing Address

4740 CLEVELAND HEIGHTS BLVD  
LAKE LAND FL 33813-2187

2. Principal Place of Business

6000 Lakeland Highlands Rd  
Suite, Apt. #, etc.

3. Mailing Address

2128 E Edgewood Dr, Ste 109  
Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33813

Country

USA

Zip

33803

Country

USA

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

CLARK, RONALD L  
4740 CLEVELAND HEIGHTS BLVD  
LAKE LAND FL 33807

Name

Patten, Tom

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

6000 Lakeland Highlands Road

City

Lakeland

FL

Zip Code

33813

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]*

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 D ☒ Delete  
NAME HARDEE, TIM  
STREET ADDRESS 2040 E MAIN ST  
CITY-ST-ZIP BARTOW FL 33830

TITLE D ☐ Change ☒ Addition  
NAME Patten, Tom  
STREET ADDRESS 6000 Lakeland Highlands Road  
CITY-ST-ZIP Lakeland, FL 33813

TITLE D ☐ Delete  
NAME SUTTON, CHAD  
STREET ADDRESS 3917 WINCHESTER RD  
CITY-ST-ZIP LAKE LAND FL 33811

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

TITLE D ☐ Delete  
NAME FOSS, CHUCK  
STREET ADDRESS 1952 VISTA VIEW DR  
CITY-ST-ZIP LAKE LAND FL 33813

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Feb 10, 2000 8:00 am  
Secretary of State

02-10-2000 90035 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE