

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001761

1. Entity Name

LAKELAND PARK OWNERS' ASSOCIATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90158 034 ****66.25

Principal Place of Business

Mailing Address

9760 MAINSAIL CT.
FT. MYERS FL 33919

9760 MAINSAIL CT.
FT. MYERS FL 29455-5720



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1125 Hwy 98 So.

Suite, Apt. #, etc.

Suite 302

City & State

LAKELAND FL

Zip

33801

Country

USA

Zip

Country

4. FEI Number

65-0557455

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

Name

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

1125 Hwy 98 So.

Suite 302

City

LAKELAND

FL

Zip Code

33801

DAVIS, WILLIAM R
9760 MAINSAIL CT.
FT. MYERS FL 33919

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 PD WILLIAM R. DAVIS

William R. Davis

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 PD ☐ Delete
NAME DAVIS, WILLIAM R
STREET ADDRESS 9760 MAINSAIL CT.
CITY-ST-ZIP FORT MEYERS FL 33919

TITLE VPD ☒ Delete
NAME PARSONS, WADE H
STREET ADDRESS 1853 VICTORIA AVE.
CITY-ST-ZIP FT. MYERS FL 33901

TITLE SD ☐ Delete
NAME DAVIS, JEAN R
STREET ADDRESS 9760 MAINSAIL CT.
CITY-ST-ZIP FORT MEYERS FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 1125 Hwy 98 So. Suite 302
STREET ADDRESS LAKELAND, FL 33801
CITY-ST-ZIP

TITLE VPD ☐ Change ☒ Addition
NAME ROBERT A. DAVIS
STREET ADDRESS 439 Ridgeway Dr.
CITY-ST-ZIP LEXINGTON, KY 40502

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

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

TITLE ☐ Change ☐ Addition
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: WILLIAM R. DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. DAVIS 1/10/99
Date

863-682-6147
Daytime Phone #

CR2E037 (9/99)