

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N94000001761**

1. Entity Name

LAKELAND PARK OWNERS ASSOCIATION, INC

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90041 039 ****66.25

Principal Place of Business

Mailing Address

**1125 Hwy 98 SO.
SUITE 302
LAKELAND, FL 33801**

A0024862

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0557755

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILLIAM DAVIS
90 DAVID BUNCH
1125 Hwy 98 SO.
SUITE 302
LAKELAND, FL 33801**

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 **PD WILLIAM R. DAVIS**

William R. Davis

2/12/01

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** **WILLIAM R. DAVIS** ☐ Delete
NAME
STREET ADDRESS **1125 Hwy 98 SO.**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE **VPD** **MELANIE J. PAYSONS** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1765 E. 9 Mile RD Suite 1**
CITY-ST-ZIP **#236
PENSACOLA, FL 32514**

TITLE **VPD** **Robert DAVIS** ☐ Delete
NAME
STREET ADDRESS **439 Ridgeway Dr.**
CITY-ST-ZIP **LEXINGTON, KY 40502**

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

TITLE **SD** **JEAN R DAVIS** ☐ Delete
NAME
STREET ADDRESS **2 AIRY HALL**
CITY-ST-ZIP **KIAWAH ISLAND, SC 29455**

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
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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

WILLIAM R. DAVIS

2/12/01 843/768-7458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)