

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000164**

1. Entity Name

LAKE WALES RESIDENTS COUNCIL, INC.**FILED****Jul 13, 2000 8:00 am**
Secretary of State

07-13-2000 90013 028 ****61.25

Principal Place of Business

750 OLD SCENIC HIGHWAY
BLDG. 100
LAKE WALES FL 33853
US

Mailing Address

208 BULLARD AVE., WEST
LAKE WALES FL 33853-4406
US

2. Principal Place of Business

3. Mailing Address

P. O. Box 426

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Wales, FL

4. FEI Number

59-3292454

Applied For

Not Applicable

Zip

Country

Zip

Country

33853-0426

U.S.

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

JAMISON, C H
750 OLD SCENIC HWY
APT 115A
LAKE WALES FL 33853

Name

Diana Ellison

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

27 W. Seminole Ave. Apt. A

City

Lake Wales

FL

Zip Code
33853

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

Diana Ellison

Diana Ellison Vice-President

7-5-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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 JONES, FLORA D
STREET ADDRESS 750 OLD SCENIC HIGHWAY, APT. 122-B
CITY-ST-ZIP LAKE WALES FL 33853TITLE **President** ☐ Change ☒ Addition
NAME Emma Bryant
STREET ADDRESS 750 Old Scenic Hwy Apt. 120-A
CITY-ST-ZIP Lake Wales, FL 33853TITLE **P** ☒ Delete
NAME JAMISON, C H
STREET ADDRESS 750 OLD SCENIC HWY, APT 115A
CITY-ST-ZIP LAKE WALES FL 33853TITLE **Vice-President** ☒ Change ☐ Addition
NAME Diana Ellison
STREET ADDRESS 27 W. Seminole Ave. Apt. A
CITY-ST-ZIP Lake Wales, FL 33853TITLE **D** ☒ Delete
NAME HAMILTON, ROSIE B
STREET ADDRESS 750 OLD SCENIC HIGHWAY, APT. 122-B
CITY-ST-ZIP LAKE WALES FL 33853TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME ELLISON, DIANA
STREET ADDRESS 750 OLD SCENIC HIGHWAY, APT. 122-B
CITY-ST-ZIP LAKE WALES FL 33853TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME BOBO, ANTHONY
STREET ADDRESS 7501 OKEECHOBEE CT.
CITY-ST-ZIP TAMPA FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Diana Ellison
SIGNATURE *Diana Ellison*

7-5-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)