

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000549**

1. Entity Name

COUNTRY LANE ESTATES PROPERTY OWNERS ASSOCIATION ✓

Principal Place of Business

**3610 COUNTRY LANE
LAKELAND FL 33809**

Mailing Address

**3610 COUNTRY LANE
LAKELAND FL 33809**

2. Principal Place of Business

COUNTRY LANE ESTATES
Suite, Apt. #, etc.

3. Mailing Address

3610 COUNTRY LANE
Suite, Apt. #, etc.City & State
LAKELAND - FL.City & State
LAKELAND - FL.

4. FEI Number

59-3386837

Applied For

Not Applicable

Zip
33810-0238

Country

USAZip
33810-0238

Country

USA5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, WOODROW
3610 COUNTRY LANE
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-28-00**FILE NOW: FEE IS \$61.25****After September 13, 2000 min. will be \$236.25**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CALLINS, BRIAN
1025 COUNTRY LANE CT
LAKELAND FL 33809** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
DUKES, SHARON
3725 COUNTRY LANE CT
LAKELAND FL 33809** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
STEWART, INGRID
1035 COUNTRY LANE CT
LAKELAND FL 33809** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
REID, KEVIN
3750 COUNTRY LANE CT
LAKELAND FL 33809** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILSON, WOODROW
3610 COUNTRY LANE CT
LAKELAND FL 33809** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
TREASURER
Sharon JonesTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90006 004 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)

TO whom it may concern,

This Filing is late, BECAUSE WE
DID NOT RECEIVE THE FIRST MAILING OF
THE FORM. WE CALLED IN AND ASKED

FOR THIS COPY;

PLEASE UNDERSTAND THAT WE ARE
NOT NORMALLY LATE, AND WE ASK FOR
YOUR UNDERSTANDING;

Respectfully,
Wanda K

6-28-00