

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 22, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000000786**1. Entity Name
LAFAYETTE TEEN COURT, INCORPORATEDPrincipal Place of Business
MAIN STREET
COUNTY COURT HOUSE
MAYO FL 32066
Mailing Address
P.O. BOX 1540
MAYO FL 320662. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
RT. 1 BOX 273City & State
BRANFORD FLZip
32008
Country
US4. FEI Number
59-3302816
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ARNOLD LANA K
HIGHWAY 349 RT. 1, BOX 273
BRANFORD FL 32008 US7. 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 **LANA ARNOLD** 07/22/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATEFILE 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANCE LORI RT. 2 BOX 604 MAYO FL 32066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIMM BILL P.O. BOX 416 MAYO FL 32066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNOLD DAVID RT. 1 BOX 272 BRANFORD FL 32008 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIMBERLEY MARILYN COUNTY COURTHOUSE MAYO FL 32066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOWNSEND PATRICIA 2840 NW 30TH STREET BELL FL 32619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD LANA RT 1 BOX 273 BRANFORD FL 32008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **LANA ARNOLD** D 07/22/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)

**LANA ARNOLD/DIRECTOR
RT. 1 BOX 273**

BRANFORD, FL. 32008

**LORI FRANCE/SECRETARY
RT. 2 BOX 604**

MAYO,FL. 32066

**PATRICIA TOWNSEND/TREASURER
2840 NW 30TH STREET**

BELL, FL. 32619

**DAVID ARNOLD/PRESIDENT
RT. 1 BOX 272**

BRANFORD, FL. 32008