

2000 UNIFORM BUSINESS REPORT (UBR)

5/3/

FILED

Jun 16, 2000 8:00 am
Secretary of State

05-03-2000 90064 009 ****61.25

DOCUMENT # N95000002693

1. Entity Name

ISLAND CAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

3900 S FLORIDA AVE
LAKELAND FL 33813

Mailing Address

3900 S FLORIDA AVE
LAKELAND FL 33813-1151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3322602

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

CORBETT, R. DENNIS
3900 S FLORIDA AVE
LAKELAND FL 33813

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, 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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Delete	☐ Change ☐ Addition
D CORBETT, R. DENNIS 3900 S FLORIDA AVE LAKELAND FL 33813	PRESIDENT DIRECTOR CORBETT, R. DENNIS 420 ISLAND CAY WAY APOLO BEACH, FL 33572
☐ Delete	☐ Change ☐ Addition
D MILLER, JERRY O 3900 S FLORIDA AVE LAKELAND FL 33813	VICE-PRESIDENT DIRECTOR TERRY SAGES 2106 PRINCESS WAY BRANDON FL 33511
☐ Delete	☐ Change ☐ Addition
D KINCART, ROBERT O 3900 S FLORIDA AVE LAKELAND FL 33813	SECRETARY/TREASURER DIRECTOR LYNN REID 433 ISLAND CAY WAY APOLO BEACH, FL 33572
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2000 863-648-4848

Date

Daytime Phone #

CR2E037 (9/99)