

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90138 033 ****61.25

DOCUMENT # N95000003869

1. Entity Name

THE LAKELAND ASSOCIATION OF REALTORS FOUNDATION, INC.



Principal Place of Business
**820 SOUTH FLORIDA AVENUE
LAKELAND FL 33801**

Mailing Address
**820 SOUTH FLORIDA AVENUE
LAKELAND FL 33801**

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 **59-6159096**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RILEY, KAREN S
820 SOUTH FLORIDA AVENUE
LAKELAND FL 33801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD LORIO, JOE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1902 S. FL AVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE NAME	T PICKARD, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS	307 SOUTH FL AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE NAME	P TUBB, JOYCE	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 7083	
CITY-ST-ZIP	LAKELAND FL 33807	
TITLE NAME	PE REARDON, JAY	<input type="checkbox"/> Delete
STREET ADDRESS	832 S FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE NAME	S MCDONOUGH, SHAWN	<input type="checkbox"/> Delete
STREET ADDRESS	2933 S FLORIDA AVE #4	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE NAME	D FRIDOVICH, TONY	<input type="checkbox"/> Delete
STREET ADDRESS	2600 S FL AVE	
CITY-ST-ZIP	LAKELAND FL 33802	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D Tungate, Vera	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1715 S Florida Ave	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE NAME	PE Pickard, Donald	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	307 S Florida FL Ave	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE NAME	PD Tubb, Joyce	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	515 Tiffany Terrace	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE NAME	P Reardon, Jay	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2510 S Florida Ave	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE NAME	S McDonough, Shawn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1715 S Florida Ave	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE NAME	T Fridovich, Tony	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1715 S Florida Ave	
CITY-ST-ZIP	Lakeland, FL 33803	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.05(1)(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]

2/18/03

863 687-6111

CR2E037 (10/02)