

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 23, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000002066****1. Entity Name**

LAKE CONWAY ATHLETIC ASSOCIATION, INC.

Principal Place of Business

523 WEST COLONIAL DRIVE

ORLANDO
32804

FL

Mailing Address

523 WEST COLONIAL DRIVE

ORLANDO
32804

FL

2. Principal Place of Business**3. Mailing Address**

P.O. BOX 618730

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO

FL

Zip

Country

Zip

Country

32861

4. FEI Number**59-3377766**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**MALONE J. MICHAEL
523 WEST COLONIAL DRIVEORLANDO
32804

FL

US

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 _____ **05/23/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DOF	<input type="checkbox"/> Delete	TITLE	DOF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES JAN		NAME	JONES JANNITA	
STREET ADDRESS	7677 TORINO CT		STREET ADDRESS	7677 TORINO CT	
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DOF	<input type="checkbox"/> Delete	TITLE	DOF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON VICTOR		NAME	SMITH RON	
STREET ADDRESS	3262 LIPSCOMB PLACE		STREET ADDRESS	8343 TANSY DR.	
CITY-ST-ZIP	ORLANDO FL 32805		CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACKARD SONYA		NAME	SHATZIER KATRINA	
STREET ADDRESS	1007 EMERALDA RD		STREET ADDRESS	4201 MINOSO ST.	
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOVE MIMI		NAME	MOBLEY VICTORIA	
STREET ADDRESS	5307 JADE CIRCLE		STREET ADDRESS	2084 TORREY DR.	
CITY-ST-ZIP	ORLANDO FL 32812		CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	AC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLESBY LUCINDA		NAME		
STREET ADDRESS	2542 LATE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32839		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST ANGELIA M		NAME	JONES II AARON D	
STREET ADDRESS	3273 LITTLE SOUND DRIVE		STREET ADDRESS	7677 TORINO CT.	
CITY-ST-ZIP	ORLANDO FL 32837		CITY-ST-ZIP	ORLANDO FL 32835	

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:

Jannita D. Jones

Dof

05/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)