

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002066

1. Entity Name

LAKE CONWAY ATHLETIC ASSOCIATION, INC.

**FILED**  
Aug 11, 2002 8:00 am  
Secretary of State

08-11-2002 90163 032 \*\*\*\*61.25

0005072

Principal Place of Business

523 WEST COLONIAL DRIVE  
ORLANDO FL 32804

Mailing Address

P.O. BOX 618730  
ORLANDO FL 32861

B0133818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3377766

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALONE, J. MICHAEL  
523 WEST COLONIAL DRIVE  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name LINDA S. AKINS  
Street Address (P.O. Box Number is Not Acceptable)  
1320 E ESTHER ST.  
ORLANDO  
City ORLANDO FL Zip Code 32806

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

*Linda S. Akins*

(NOTE: Registered Agent signature required when reinstating)

8-2-02

DATE

After September 13, 2002,  
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	C JONES II, AARON D 7677 TORINO CT. ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC OGLESBY, LUCINDA 2542 LATE COURT ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOBLEY, VICTORIA 2084 TORREY DR. ORLANDO FL 32818	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHATZIER, KATRINA 4201 MINOSO ST. ORLANDO FL 32811	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOF SMITH, RON 8343 TANSY DR. ORLANDO FL 32819	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOF JONES, JANNITA 7677 TORINO CT ORLANDO FL 32835	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trinidad Wilson / AC 6114 Brookhill Circle Orlando, FL 32810	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dawn Merritt (Dawn) 6329 Boylston Way Orlando, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Maria Robinson 6373 Conway Rd-Apt 1911 Orlando, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director of Football Clim Robbins 5130 W. Washington St. Orlando, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

*Aaron D. Jones*

7/17/02 (407) 522-8358

CR2E037 (4/02)