

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90121 029 ****70.00

DOCUMENT # N96000002518

1. Entity Name

LAKELAND CARDINALS CORP

Principal Place of Business

Mailing Address

504 N.W. 4TH ST
 HAINES CITY FL 33844
 US

504 N.W. 4TH ST
 HAINES CITY FL 33844-3508
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~Lakeland Fl~~
 Suite, Apt. #, etc.
P.O. Box 92034

~~P.O. Box 92034~~
 Suite, Apt. #, etc.

City & State
Lakeland Fl.

City & State
Lakeland Fl.

4. FEI Number
59-3351755

Applied For
 Not Applicable

Zip
33804

Country

Zip
33804

Country

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

CARDINALS, LAKELAND
 502 N.W. 4TH ST
 HAINES CITY FL 33844

Name **LAKELAND CARDINALS**

Street Address (P.O. Box Number is Not Acceptable)

~~P.O. Box 92034~~
 City **LAKELAND**

FL

Zip Code
33804

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

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **VPD STRONG, KENNEDY**
 STREET ADDRESS **P.O. BOX 41524**
 CITY-ST-ZIP **LAKELAND FL 33804**

TITLE Change Addition
 NAME **Brenda Williamson**
 STREET ADDRESS **P.O. Box 92034**
 CITY-ST-ZIP **Lakeland Fl. 33804**

TITLE Delete
 NAME **VPT DAVIS, SHENIQUA**
 STREET ADDRESS **3512 MILNER DR. S.**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE Change Addition
 NAME **VPT Herman Patterson**
 STREET ADDRESS **P.O. Box 92034**
 CITY-ST-ZIP **Lakeland Fl. 33804**

TITLE Delete
 NAME **VP HAYES, CATRENA**
 STREET ADDRESS **719 CANYCE AVE**
 CITY-ST-ZIP **LAKELAND FL 33815**

TITLE Change Addition
 NAME **MELISSA SWAINST**
 STREET ADDRESS **819 Sikes Blvd.**
 CITY-ST-ZIP **Lakeland, FL 33802**

TITLE Delete
 NAME **AC OWEN, JOHNATHAN**
 STREET ADDRESS **2401 CANNON ST**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE Change Addition
 NAME **Shawne Brown S.T.**
 STREET ADDRESS **1102 Olive ST.**
 CITY-ST-ZIP **Lakeland Fl. 33815**

TITLE Delete
 NAME **T. CARTER, SHIRLEY D**
 STREET ADDRESS **712 PONDEROSA DR. E**
 CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
 NAME **Shonnie Shaw V.P.**
 STREET ADDRESS **116 W. Modest ST.**
 CITY-ST-ZIP **Lakeland Fl. 33805**

TITLE Delete
 NAME **ACT MERRWEATHER, GEORGE**
 STREET ADDRESS **2227 BAKER DAIRT RD.**
 CITY-ST-ZIP **LAKELAND FL 33844**

TITLE Change Addition
 NAME **V.P.T. Mary Hendrix**
 STREET ADDRESS **1330 Herschel ST.**
 CITY-ST-ZIP **Lakeland FL 33910**

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: **JAMES HERRINGTON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date Daytime Phone #

CR 1037 (9/99)