

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90112 005 \*\*\*\*70.00

**DOCUMENT # N96000002518**

1. Entity Name  
**LAKELAND CARDINALS CORP**

Principal Place of Business Mailing Address  
 504 N.W. 4TH ST 504 N.W. 4TH ST  
 HAINES CITY FL 33844 HAINES CITY FL 33844  
 US US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3351755** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CARDINALS, LAKELAND**  
**504 N.W. 4TH ST**  
**HAINES CITY FL 33844**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	VPD STRONG, KENNEDY P.O. BOX 41524 LAKELAND FL 33804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAT DONNELL MOORE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 622 Channing Dr LAKELAND FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DAVIS, SHENIQUA 3512 MILNER DR. S. LAKELAND FL 33810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT. Hendry PERRY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1116 UNITAH AV. LAKELAND FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYES, CATRENA 719 CANYCE AVE LAKELAND FL 33815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T- S. Angelica Drake <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1116 UNITAH AV. THOMAS LAKELAND FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC OWEN, JOHNATHAN 2401 CANNON ST LAKELAND FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAD. Sheniqua Bryant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10415 N. ROSELLE AVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, SHIRLEY D 712 PONDEROSA DR. E LAKELAND FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAT JAMES Hendrix <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1332 Herschell St LAKELAND FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACT MERRWEATHER, GEORGE 2227 BAKER DAIRT RD. LAKELAND FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 VPT. Sheniqua Drake <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1707 Blossom Cor E LAKELAND FL 33805

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: \_\_\_\_\_ DATE: \_\_\_\_\_

CR2E037 (10/00)