

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004265

1. Entity Name

PHASE TWO DEER CREEK GOLF & TENNIS RV RESORT PRO
PERTY OWNERS (CLASS A) ASSOCIATION, INC.

Principal Place of Business

5015 SOUTH FLORIDA AVENUE
LAKELAND FL 33807

Mailing Address

5015 SOUTH FLORIDA AVENUE
LAKELAND FL 33807

2. Principal Place of Business

500 S. Florida Ave
Suite, Apt. #, etc.
700

3. Mailing Address

PO Box 5252
Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33801

Country

USA

Zip

33807

Country

USA

6. Name and Address of Current Registered Agent

CLARK, RONALD L
4740 CLEVELAND HEIGHTS BLVD.
LAKELAND FL 33807

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Clark, Ronald L

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

500 S. Florida Ave
800

City

Lakeland

FL

Zip Code

33801

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

TITLE PD
NAME MAXWELL, LAWRENCE W
STREET ADDRESS 5015 SOUTH FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL 33807 ☐ Delete

TITLE STD
NAME KELLEY, KIM
STREET ADDRESS 5015 SOUTH FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL 33807 ☐ Delete

TITLE D
NAME MAXWELL, TODD
STREET ADDRESS 5015 SOUTH FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL 33807 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 S. Florida Avenue, #700
Lakeland, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 S. Florida Avenue, #700
Lakeland, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 S. Florida Avenue, #700
Lakeland, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Kim Kelley* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

863-647-1581

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

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