

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004614

1. Entity Name

LAKE REGION CHAPTER #5210 OF AMERICAN ASSOCIATIO

Principal Place of Business

2924 WILLOW AVENUE
LAKELAND FL 33803

Mailing Address

2924 WILLOW AVENUE
LAKELAND FL 33803-4254

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90070 021 ****61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 91274 (33804)

Suite, Apt. #, etc.

692 Powder Horn Row

City & State

LAKELAND FLORIDA

Zip

33809

Country

POLK

3. Mailing Address

P.O. Box 91274 (33804)

Suite, Apt. #, etc.

692 Powder Horn Row

City & State

LAKELAND, FLORIDA

Zip

33809

Country

POLK

4. FEI Number

52-2040712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, MERCEDES M
2924 WILLOW AVENUE
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

THIELE, KARL

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

692 POWDER HORN ROW

City

LAKELAND

FL

Zip Code

33809

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 KARL THIELE, PRESIDENT

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 ☐ Delete

NAME DP
FOX, MERCEDES M
STREET ADDRESS 2924 WILLOW AVENUE
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Delete

NAME DS
PUCHSTEIN, JEAN
STREET ADDRESS 1733 ATHENS CT
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Delete

NAME DC
PONTIER, BARBARA
STREET ADDRESS 1112 BEACON RD #43
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Delete

NAME DT
RISCOE, ROBERT
STREET ADDRESS 2131 E. GACHET BLVD
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Delete

NAME DV
WILLIAMS, LOLA
STREET ADDRESS 3552 RAIN TREE CT
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Delete

NAME DC
JONES, SHIRLEE
STREET ADDRESS 1516 FERN PLACE
CITY-ST-ZIP LAKELAND FL 33803

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME DP
THIELE, KARL
STREET ADDRESS 692 POWDER HORN ROW
CITY-ST-ZIP LAKELAND, FL 33809

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME DC
JONES, BRUCE
STREET ADDRESS 1516 FERN PLACE
CITY-ST-ZIP LAKELAND, FL 33801

TITLE ☒ Change ☐ Addition

NAME DT
BURKHARD, ROSE
STREET ADDRESS 324 W. MAXWELL
CITY-ST-ZIP LAKELAND, FL 33803

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME DC
SHUMAN, MARGARET ANN
STREET ADDRESS 1356 W. LAKE BENNY DRIVE
CITY-ST-ZIP LAKELAND, FL 33801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lola Williams 03/15/00

Date

1-863-647-5924

CR2FK37 (9/99)