

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006312

1. Entity Name

WALDEN LAKE PROFESSIONAL CENTER ASSOCIATION, INC

Principal Place of Business

1701 S. ALEXANDER STREET #113
PLANT CITY FL 33567
US

Mailing Address

2020 CLUBHOUSE DR
SUN CITY CENTER FL 33573-5914
US

2. Principal Place of Business

2020 CLUBHOUSE DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

SUN CITY CENTER, FL

City & State

Zip

33573

Country

USA

Country

4. FEI Number

59-3481079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEYER, R C JR.
2020 CLUBHOUSE DR
SUN CITY CENTER FL 33573

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

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 BEYER, R C JR.
STREET ADDRESS 2020 CLUBHOUSE DR
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Delete

TITLE D
NAME KEITH, SYLVIA
STREET ADDRESS 2020 CLUBHOUSE DR
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Delete

TITLE VD
NAME NELSON, GARY
STREET ADDRESS 1701 S. ALEXANDER STREET #113
CITY-ST-ZIP PLANT CITY FL 33567 ☒ Delete

TITLE DV
NAME NELSON, GARY
STREET ADDRESS 2020 CLUBHOUSE DR
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ 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 ☐ Change ☐ Addition

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

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

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NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90063 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)