

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002707

1. Entity Name

LAKE PLACID SENIOR SOFTBALL ASSOCIATION, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90039 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

13 WATTERS DR.  
LAKE PLACID FL 33852

13 WATTERS DR.  
LAKE PLACID FL 33852-5689

2. Principal Place of Business

3. Mailing Address

34 MEADOWLAKE CIRCLE SOUTH

34 MEADOWLAKE CIRCLE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
LAKE PLACID, FL

City & State  
LAKE PLACID, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip  
33852-7077

Country

HIGHLANDS

Zip

33852-7077

Country

HIGHLANDS

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

LOWREY, BRENT  
13 WATTERS DR.  
LAKE PLACID FL 33852

Name  
PAUL J. SMITH

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

34 MEADOWLAKE CIRCLE SOUTH

City  
LAKE PLACID

FL

Zip Code

33852-7077

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 Paul J. Smith STD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/00

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 PD ☒ Delete  
NAME CLAGETT, CHARLES  
STREET ADDRESS 343 LIME RD., N.W.  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE PD ☒ Change ☐ Addition  
NAME ~~BLAIR~~ GUERNSEY, BLAIR  
STREET ADDRESS 235 HILLSIDE DRIVE  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE VD ☒ Delete  
NAME LOWREY, BRENT  
STREET ADDRESS 13 WATTERS DR  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE VD ☒ Change ☐ Addition  
NAME MILLER, ARTHUR H. SR.  
STREET ADDRESS 1622 THIRD ST.  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE STD ☐ Delete  
NAME SMITH, PAUL J.  
STREET ADDRESS 34 MEADOWLAKE CIRCLE, S.  
CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

Paul J. Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00 863-465-3966

CR2E037 (9/99)