

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90651 020 \*\*\*\*61.25

**DOCUMENT # N98000002707**

1. Entity Name

**LAKE PLACID SENIOR SOFTBALL ASSOCIATION, INC.**

Principal Place of Business

**34 MEADOW LAKE CIRCLE SOUTH  
LAKE PLACID FL 33852-7077**

Mailing Address

**34 MEADOW LAKE CIRCLE SOUTH  
LAKE PLACID FL 33852-7077**

2. Principal Place of Business

**13 WATERS DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**13 WATERS DRIVE**

Suite, Apt. #, etc.

City & State

**LAKE PLACID, FL**

City & State

**LAKE PLACID, FL**

Zip

**33852**

Country

**U.S.A.**

Zip

**33852**

Country

**U.S.A.**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, PAUL J  
34 MEADOWLAKE CIRCLE SOUTH  
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name **BRENT LOWREY**  
Street Address (P.O. Box Number is Not Acceptable)  
**13 WATERS DRIVE**  
City **LAKE PLACID** FL Zip Code **33852**

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 *Brent Lowrey* **BRENT LOWREY (STD)**

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

(NOTE: Registered Agent signature required when reinstating)

**4/4/02**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GUERNSEY, BLAIR 235 HILLSIDE DRIVE LAKE PLACID FL 33852</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MILLER, ARTHUR H SR 1622 THIRD ST LAKE PLACID FL 33852</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SMITH, PAUL 34 MEADOWLAKE CIRCLE, S. LAKE PLACID FL 33852</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DAVID HOLLOWAY 613 DEAN BLVD LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD EDWARD ENGLER 309 DUANE PALMER BLVD SEBRING, FL 33876</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD BRENT LOWREY 13 WATERS DRIVE LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David Holloway* **DAVID HOLLOWAY** **4/4/02** **863-465-3849**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)