

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

04-25-2003 90229 050 ****61.25

DOCUMENT # N98000002707

1. Entity Name

LAKE PLACID SENIOR SOFTBALL ASSOCIATION, INC.



Principal Place of Business

**13 WATERS DRIVE
LAKE PLACID FL 33852**

Mailing Address

**13 WATERS DRIVE
LAKE PLACID FL 33852**

55046188

2. Principal Place of Business

214 7TH ST.

3. Mailing Address

214 7TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

LAKE PLACID, FL.

City & State

LAKE PLACID, FL.

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

33852

Country

USA

Zip

33852

Country

USA

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

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

Name

RUMOHR, JOHN E.

SEC/ITES

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

214 7TH ST.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John E. Rumohr STD

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

(NOTE: Registered Agent signature required when reinstating)

APRIL 23, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD PRESIDENT** ☐ Delete
NAME **GUERNSEY, BLAIR - D**
STREET ADDRESS **613 DEAN BLVD**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **VD VICE-PRESIDENT** ☐ Delete
NAME **ENGLER, EDWARD - D**
STREET ADDRESS **309 DUANE PALMR BLVD**
CITY-ST-ZIP **SEBRING FL 33876**

TITLE **STD** ☒ Delete
NAME **LOWERY, BRENT**
STREET ADDRESS **13 WATERS DRIVE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **STD** ☒ Change ☒ Addition
NAME **RUMOHR, JOHN E. - D**
STREET ADDRESS **214 7TH ST.**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

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

TITLE ☐ Change ☐ Addition
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

John E. Rumohr STD
JOHN E. RUMOHR - D

APRIL 23, 03 863-699-6892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)