

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000005968**

1. Entity Name

**LAKE REGION POP WARNER ASSOCIATION, INC.**

Principal Place of Business

**260 LAWRENCE BLVD., SUITE 201  
KEYSTONE HEIGHTS FL 32656**

Mailing Address

**PO BOX 877  
KEYSTONE HEIGHTS FL 32656  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3534645**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NEWELL, PAUL D  
260A LAWRENCE BLVD., SUITE 201  
KEYSTONE HEIGHTS FL 32656**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	GROOMS, JOSEPH B	260 LAWRENCE BLVD., SUITE 201	KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/>

SD	STORY, KIMBERLY A	260 LAWRENCE BLVD., SUITE 201	KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/>
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TD	WILLIAMS, REBECCA E	260 LAWRENCE BLVD., SUITE 201	KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/>
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PD	PACE, JOE	5670 CAMPO DR	KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		7548 Golf Street	Keystone Heights, FL 32656	<input type="checkbox"/>	<input type="checkbox"/>

		6541 Triest Ave	Keystone Heights, FL 32656	<input type="checkbox"/>	<input type="checkbox"/>
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		7566 Alameda Way	Keystone Heights, FL 32656	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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 #

2/6/01

(352) 473-4928



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)