

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

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90102 014 ****61.25

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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 & State

City & 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

7. Name and Address of New Registered Agent

NEWELL, PAUL D

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

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

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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GROOMS, JOSEPH B	
STREET ADDRESS	7548 GOLF STREET	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GOTTSCHALK, SANDRA	
STREET ADDRESS	335 GARDEN ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, DIANA E	
STREET ADDRESS	7125 PARADISE POINT DR	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CROSBY, GREGG	
STREET ADDRESS	PO BOX 877	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grooms, Joseph B.	
STREET ADDRESS	P.O. Box 877	
CITY-ST-ZIP	Keystone Heights, FL 32656	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles White	
STREET ADDRESS	6714 Little Rain Lake Road	
CITY-ST-ZIP	Keystone Heights, FL 32656	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vanessa Pressley	
STREET ADDRESS	6524 Triest Avenue	
CITY-ST-ZIP	Keystone Heights, FL 32656	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Heskett	
STREET ADDRESS	570 Deer Springs Road	
CITY-ST-ZIP	Keystone Heights, FL 32656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature Required **Joseph B. Grooms**

904 753 2306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)