

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006907

1. Entity Name

LAKE WALES HIGH SCHOOL ACADEMIC FOUNDATION, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90048 032 *****61.25

0066931

Principal Place of Business

Mailing Address

#1 HIGHLANDER WAY
LAKE WALES FL 33853

#1 HIGHLANDER WAY
LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3549882

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KURSCHNER, SHARON
#1 HIGHLANDER WAY
LAKE WALES FL 33853

Name *Mr. Terry Ashley Principal*
Street Address (P.O. Box Number is Not Acceptable)
#1 Highlander Way
Lake Wales FL
City *FL* Zip Code *33853*

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

Terry Ashley *TERRY ASHLEY Principal* *4/18/01*
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGILL, SUSIE 3470 NURLBURT CIRCLE LAKE WALES FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGILL, RICK 3470 HURLBURT LAKE WALES FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, LADONNA 1051 HURLBURT CIRCLE LAKE WALES FL 33853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CECIL F. GIBSON 843-GOLDEN BOUGH RD LAKE WALES FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, DENNY 1051 HURLBURT CIRCLE LAKE WALES FL 33853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY L. GIBSON 843-GOLDEN BOUGH RD LAKE WALES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASSITER, RENEE 3537 WHITE OAK COURT LAKE WALES FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASSITER, ED 3537 WHITE OAK COURT LAKE WALES FL 33853	<input type="checkbox"/> Delete	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: *Cecil F. Gibson* *CECIL F. GIBSON* *863 696 2171*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *4/19/01* Daytime Phone #

CR2E037 (10/00)