

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007205

1. Entity Name

LAKE PLACID BAND BOOSTERS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90391 006 ****61.25

Principal Place of Business

Mailing Address

202 GREEN DRAGON DRIVE
 LAKE PLACID FL 33852

202 GREEN DRAGON DRIVE
 LAKE PLACID FL 33852-6464

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

05-0438340
 APPLIED FOR

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

JAMES F. MCCOLLUM, P.A.
 129 SOUTH COMMERCE AVENUE
 SEBRING FL 33870

Name

John K. McClure, P.A.

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

230 South Commerce Ave.

City

Sebring

FL

Zip Code

33870

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	NORRIS, RICHARD A	
STREET ADDRESS	114 MCKINLEY AVENUE, NE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HALL, SHARON	
STREET ADDRESS	113 WASHINGTON AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	EUBANKS, PAMELA	
STREET ADDRESS	997 WASHINGTON BOULEVARD NW	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	S	<input type="checkbox"/> Delete
NAME	HICKS, CHRISTINE	
STREET ADDRESS	202 GREEN DRAGON DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	WM	<input type="checkbox"/> Delete
NAME	NORRIS, SUSAN	
STREET ADDRESS	202 GREEN DRAGON DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hall, Deana	
STREET ADDRESS	113 Washington Blvd.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/00

Date

863-465-5253

Daytime Phone #

CR2E037 (9/99)