

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90029 010 ****61.25

DOCUMENT # N98000007205

1. Entity Name

LAKE PLACID BAND BOOSTERS, INC.

Principal Place of Business

**202 GREEN DRAGON DRIVE
 LAKE PLACID FL 33852**

Mailing Address

**202 GREEN DRAGON DRIVE
 LAKE PLACID FL 33852**

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

65-0938340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **John K. McClure,**

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

230 South Commerce Avenue

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, or both, in the state of Florida.

SIGNATURE

John K. McClure

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

**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 **PD** ☐ Delete
 NAME **NORRIS, RICHARD A**
 STREET ADDRESS **114 MCKINLEY AVENUE, NE**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **VPD** ☐ Delete
 NAME **HALL, SHARON**
 STREET ADDRESS **113 WASHINGTON AVENUE**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **TD** ☒ Delete
 NAME **EUBANKS, PAMELA**
 STREET ADDRESS **997 WASHINGTON BOULEVARD NW**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **S** ☐ Delete
 NAME **HICKS, CHRISTINE**
 STREET ADDRESS **202 GREEN DRAGON DRIVE**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **WM** ☐ Delete
 NAME **NORRIS, SUSAN**
 STREET ADDRESS **202 GREEN DRAGON DRIVE**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

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 **TD** ☒ Change ☐ Addition
 NAME **Hall; Deana**
 STREET ADDRESS **113 Washington Avenue**
 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 the empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

863-465-5253

Daytime Phone #

CR2E037 (10/00)