

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099720

1. Entity Name

LAKE COUNTY DUPLICATE BRIDGE DIRECTORS, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90029 004 ***150.00

Principal Place of Business

Mailing Address

510 W. KEY AVENUE
EUSTIS FL 32726

POST OFFICE BOX 1854
EUSTIS FL 32727-1854

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3544451

Applied For

Not Applied For

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

TIMPE, JAMES E
150 LAKEVIEW DRIVE
LEESBURG FL 34788-2759

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TP
NAME ~~STONE~~, WILLIAM B STONE ☐ Delete
STREET ADDRESS 33651 OVERTON DRIVE
CITY-ST-ZIP LEESBURG FL 34788

TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME YOCKEL, WILLIAM J YOCKEL ☐ Delete
STREET ADDRESS 2 ANNEX CIRCLE
CITY-ST-ZIP MT DORA FL 32757

TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KIMBALL, EDYTHE ☐ Delete
STREET ADDRESS 102 MAGNOLIA ST.
CITY-ST-ZIP CLEMONT FL 34711

TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William B. Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 352 589-9589