

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90306 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 491734**

1. Entity Name  
**LAKE GARDENS CORPORATION**

Principal Place of Business      Mailing Address  
**81 LAKE GARDENS DRIVE**      **81 LAKE GARDENS DRIVE**  
**STATE ROAD 621 EAST**      **STATE ROAD 621 EAST**  
**LAKE PLACID FL 33852**      **LAKE PLACID FL 33852-9103**

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 **59-1639345**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DAVIS, HAYWARD H.**  
**107 INTERLAKE BLVD.**  
**LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	
T RITTMAN, RAY 21 LAKE GARDENS DR LAKE PLACID FL 33852	<input type="checkbox"/> Delete	D <del>HAROLD RANDALL</del> 28 LAKE GARDENS DR LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Change <del>Addition</del>
VP FONEAL, ISAACS 80 LAKE GARDENS DR LAKE PLACID FL 33852	<input type="checkbox"/> Delete	D ANTHONY CARDINAL 76 LAKE GARDENS DR LAKE PLACID, FL 33852	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D WEAVER, BUCKLEY 48 LAKE GARDENS DR LAKE PLACID FL 33852	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D FLETCHER, KENNETH P. 23 LAKE GARDEN DRIVE LAKE PLACID FL	<input checked="" type="checkbox"/> Delete	D Robert Kelley 3 LAKE GARDENS DR LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S GOINS, PATRICIA 35 LAKE GARDENS DR LAKE PLACID FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P RICHARDSON, ANONA 25 LAKE GARDENS DR. LAKE PLACID FL 33852	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anona Richardson* **President**      Date: **4-21-00**      Daytime Phone #: **863-465-6427**

CR2E034 (9/99)