

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90014 028 ****61.25

DOCUMENT # 722200

i. Entity Name

LAKE FAIRVIEW CONDOMINIUM, INC.

Principal Place of Business % 4328 EDGEWATER DR., SUITE 101 ORLANDO FL 32804 US	Mailing Address % 4328 EDGEWATER DR., SUITE 101 ORLANDO FL 32804 US
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C0020523



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1476662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEAN, PAUL L
WEAN & MALCHOW, P.A.
1305 EAST ROBINSON ST., STE. C
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: **Richard LARSEN**
 Street Address (P.O. Box Number is Not Acceptable): **LARSEN & ASSOCIATES, PA.**
34 E Pine Street
 City: **Orlando** FL Zip Code: **32801**

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: **Richard E Larsen** DATE: **2/7/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME PD BLAIS, VIOLET STREET ADDRESS 4328 EDGEWATER DR E107 CITY-ST-ZIP ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STD MCGINNIS, GERLADINE STREET ADDRESS 13331 LAGO VISTA DR CITY-ST-ZIP WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Delete
TITLE NAME D WRIGHT, GENEVA STREET ADDRESS 4328 EDGEWATER DR, A103 CITY-ST-ZIP ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STD Christina Pitkus STREET ADDRESS 4328 Edgewater DR, D202 CITY-ST-ZIP Orlando FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VPD Rebecca Bryant STREET ADDRESS 4328 Edgewater DR, D107 CITY-ST-ZIP Orlando, FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DATE: **1/19/00** **407540-0092**

CR2E037 (9/99)