

9/6/01-90262-049-\$61.25-\$61.25

### 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722200

1. 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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4004 EDGEWATER DRIVE

Suite, Apt. #, etc.

City & State

City & State  
ORLANDO FL 32804

4. FEI Number

59-1476662

Applied For

Not Applicable

Zip

Country

Zip  
32804

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARSEN, RICHARD  
LARSEN & ASSOCIATES PA.  
34 E PINE STREET  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

MARY RIVERA

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

ASSET REAL ESTATE INC.

4004 EDGEWATER DRIVE

City

ORLANDO

FL

Zip Code  
32804

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

*Mary L. Rivera*  
Signature, typed or printed name of registered agent and title if applicable.  
Mary L. Rivera

(NOTE: Registered Agent signature required when reinstating)

DATE

(407) 299-9009

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLAIS, VIOLET 4328 EDGEWATER DR E107 ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIKUS, CHRISTINA 4328 EDGEWATER DR, D202 ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRYANT, REBECCA 4328 EDGEWATER DR. D107 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	D VELDE, JENNIFER 374 LAKEVIEW ST 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
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:

*VIOLET U. Blais*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/01 407/299/6009  
Date Daytime Phone #

FILED

01 SEP 26 PM 4: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)