

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731778

1. Entity Name

LAKE OVERLOOK UNIT 4 ASSOCIATION, INC.

**FILED**  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90137 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O RAMPART PROPERTIES, INC.  
10033 NINTH STREET NORTH, SECOND FLOOR  
ST. PETERSBURG FL 33716-3805  
US

C/O RAMPART PROPERTIES, INC.  
10033 NINTH STREET NORTH, SECOND FLOOR  
ST. PETERSBURG FL 33716-3805  
US

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 59-1766174

Applied For

Not Applicable

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

OSBURN, BILLY K  
C/O RAMPART PROPERTIES, INC.  
10033 NINTH STREET NORTH, SECOND FLOOR  
ST. PETERSBURG FL 33716

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
BENSON, TIMOTHY  
10033 9TH ST NORTH  
ST. PETERSBURG FL 33716 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FLYNN, JEAN  
10033 9TH ST NORTH  
ST. PETERSBURG FL 33716 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
Wayne Smith  
10033 Ninth Street North  
St. Petersburg, FL 33716 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SANFORD, VIRGINIA  
10033 9TH ST NORTH  
ST. PETERSBURG FL 33716 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
Alison Shanabrook  
10033 Ninth Street North  
St. Petersburg, FL 33716 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOEDHART, RUDOLF  
10033 9TH ST N  
ST. PETERSBURG FL 33716 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
NEFF, MARY A  
10039 9TH ST N  
ST. PETERSBURG FL 33716 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Carol Williamson  
10033 Ninth Street North  
St. Petersburg, FL 33716 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BAIRD, SHIRLEY T.  
10033 9TH ST. N. 2ND FL  
ST. PETERSBURG FL 33716 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: *Shirley T. Baird* SIGNATURE REQUIRED *Shirley T. Baird* 4-25-02 (717) 526-1217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)