

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90428 020 \*\*\*\*61.25

0013428

**DOCUMENT # 738833**

1. Entity Name

**LINKSIDE AT BAYMEADOWS, INC.**

Principal Place of Business

HOME OWNERS ASSOCIATION  
 P.O. BOX 550573  
 JACKSONVILLE FL 32255-7573

Mailing Address

HOME OWNERS ASSOCIATION  
 P.O. BOX 550573  
 JACKSONVILLE FL 32255-7573

303074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1862868**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LASEMAN, RONALD**  
**7841 BAYMEADOWS CR W**  
**JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

**SMITH DAVID**

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

**9237 INTERLARCHEN LANE**

City

**JACKSONVILLE**

**FL**

Zip Code

**32256**

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)

**4/26/01**  
 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HALE, JACK</b>	
STREET ADDRESS	<b>9236 CARNOUSTIA LN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DROUGHT, DONALD B</b>	
STREET ADDRESS	<b>7937 BAYMEADOWS CIR W</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LASEMAN, RONALD</b>	
STREET ADDRESS	<b>7841 BAYMEADOWS CR W</b>	
CITY-ST-ZIP	<b>JAX FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERBERT, JOHN W JR</b>	
STREET ADDRESS	<b>7907 BAYMEADOWS CR W</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PAFFE, PAUL</b>	
STREET ADDRESS	<b>7805 BAYMEADOWS CR W</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALE, JACK</b>	
STREET ADDRESS	<b>9236 CARNOUSTIA LN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LYONS, JOSEPH</b>	
STREET ADDRESS	<b>7916 BAYMEADOWS CIR W</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, DAVID</b>	
STREET ADDRESS	<b>9237 INTERLARCHEN LN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEINTRAUB, HENRY</b>	
STREET ADDRESS	<b>7804 BAYMEADOWS CIR W</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WITT, JIM</b>	
STREET ADDRESS	<b>9236 INTERLARCHEN LN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	

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:

**David Smith**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/01**  
 Date

**(904) 737-5322**  
 Daytime Phone #

CR2E037 (10/00)