

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

0640144

**DOCUMENT # G42151**

1. Entity Name  
**LAKEVIEW GARDENS DEVELOPMENT CORPORATION**

04-24-2001 90062 042 \*\*\*150.00

Principal Place of Business      Mailing Address  
**720 GOODLETTE ROAD #202**      **720 GOODLETTE ROAD #202**  
**NAPLES FL 34102-5656**      **NAPLES FL 34102-5656**



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 **59-2390279**      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

7. Name and Address of New Registered Agent

**MACE, EDWARD J.**  
**720 GOODLETTE ROAD #202**  
**NAPLES, FL 33940**

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
ST	MACE, EDWARD	720 GOODLETTE ROAD #202	NAPLES, FL 00000				
VP	BECKLER, ROBERT I.	3720 GAIL BLVD.	NAPLES FL				
P	FORESMAN, WILLIAM	1040 SIXTH AVENUE NORTH	NAPLES FL				

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 my address, with all other like empowered.

SIGNATURE: Edward J. Mace      Date: 4-16-01      Daytime Phone #: 941 263 8257

CR2E034 (10/00)