

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90187 019 ****70.00

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DOCUMENT # N00000000409

1. Entity Name

LAKESIDE PLACE, INC.

Principal Place of Business

Mailing Address

**434 W KENNEDY BLVD
 ORLANDO FL 34810**

**434 W KENNEDY BLVD
 ORLANDO FL 34810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3627035

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAMELA MILTON ROBB, P.A.
 1311 S VINELAND RD
 WINTER GARDEN FL 34787**

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 **D** Delete
 NAME **KASSAB, JERRY**
 STREET ADDRESS **1159 BRANTLEY ESTATE DR**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **S/D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** Delete
 NAME **WHEELER, ROBERT**
 STREET ADDRESS **P O BOX 917609**
 CITY-ST-ZIP **LONGWOOD FL 32791-7609**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **GARDNER, WAYNE**
 STREET ADDRESS **10148 PINK CARNATION CT**
 CITY-ST-ZIP **ORLANDO FL 32925**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ZIMMERMAN, DUANE**
 STREET ADDRESS **318 N HIAWASSEE RD**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **WILENSKY, LIN**
 STREET ADDRESS **15021 WINDING RIDGE LANE**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **P/D** Change Addition
 NAME
 STREET ADDRESS **9152 Point Cypress DR.**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: JERRY KASSAB PRES/CEO 3-19-02 407-822-5057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)