2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State
08-29-2001 90002 043 ****70.00

DOCUMENT # N00000004836

1. Entity Name

LAKE STEMPER CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
200 WEST MARTIN LUTHER KING JR. BOULEVARD TAMPA FL 33603	200 WEST MARTIN LUTHER KING JR. BOULEVARD TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18230 CYPRESS COVE RD, LUTZ, FL	18230 CYPRESS COVE RD
Suite, Apt. #, etc. 33549	Suite, Apt. #, etc.
City & State: LUTZ, FL	City & State: LUTZ, FL
Zip: 33549 Country: USA	Zip: 33549 Country: USA HILLSBOROUGH COUNTY

4. FEI Number: 59-3670258 ☐ 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
RIGAU, ROGER V 200 WEST MARTIN LUTHER KING JR. BOULEVARD TAMPA FL 33603	Name: SCOTT LYLE Street Address (P.O. Box Number is Not Acceptable): 18230 CYPRESS COVE LANE City: LUTZ FL Zip Code: 33549

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: Scott J Lyle 8/21/01

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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIGAU, ROGER V 226 LAKESIDE DRIVE LUTZ FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCOTT LYLE 18206 CYPRESS COVE LANE LUTZ, FL 33549	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAUERWEIN, PEGGY 18202 CYPRESS COVE ROAD LUTZ FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHEELER, PEGGY 18202 CYPRESS COVE ROAD LUTZ FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BRET ANDERSON 18230 CYPRESS COVE ROAD LUTZ, FL 33549	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANBEBBER, GREG 220 NEVEL ROAD LUTZ FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: Scott J Lyle SIGNATURE REQUIRED 8/21/01 813-935-5009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #