

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** N06437 (FOR 1999)

**1. Entity Name** Lakeshore Village of St. Cloud, C.A.I?

**Principal Place of Business** 5 Tennessee Avenue  
St. Cloud, Fl 34769

**Mailing Address** P.O. Box 701618  
St. Cloud, Fl 34770-1618

FILED  
00 FEB 14 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**4. FEI Number** 59-2532586

Applied For  Not Applicable

**5. Certificate of Status Desired**  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

Elwana J. Englehart  
17 Tennessee Ave.  
St. Cloud, Fl 34769

**7. Name and Address of New Registered Agent**

Name: Sarah Cain  
Street Address (P.O.-Box Number is Not Acceptable): 5 Tennessee Avenue  
City: St. Cloud, FL Zip Code: 34769

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this state, from:**

*Sarah Cain 2/1/2000*  
SIGNATURE: Sarah Cain, President  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

300003145453--8  
-02/24/00--01005--015  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

**9. Election Campaign Financing**  **\$5.00** May Be Added to Fees

Trust Fund Contribution.

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE: S/D	<input checked="" type="checkbox"/> Delete
NAME: Gillespie, Hazel	
STREET ADDRESS: 3 Tennessee Ave.	
CITY-ST-ZIP: St. Cloud, Fl 34769	
TITLE: V/D	<input type="checkbox"/> Delete
NAME: Myers, Barbara	
STREET ADDRESS: 1 Tennessee Ave.	
CITY-ST-ZIP: St. Cloud, Fl 34769	
TITLE: T/D	<input checked="" type="checkbox"/> Delete
NAME: Englehart, Elwana J.	
STREET ADDRESS: 17 Tennessee Ave.	
CITY-ST-ZIP: St. Cloud, Fl 34769	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE: P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Sarah Cain	
STREET ADDRESS: 5 Tennessee Ave.	
CITY-ST-ZIP: St. Cloud, Fl 34769	
TITLE: V/D	NO Change Addition
NAME: Barbara Myers	Change
STREET ADDRESS: 1 Tennessee Ave.	
CITY-ST-ZIP: St. Cloud, Fl 34769	
TITLE: T/D	<input checked="" type="checkbox"/> Change Addition
NAME: Opal Bueno	
STREET ADDRESS: 23 Tennessee Ave.	
CITY-ST-ZIP: St. Cloud, Fl 34769	
TITLE: S/D	<input checked="" type="checkbox"/> Change Addition
NAME: Shirley Hartwig	
STREET ADDRESS: 19 Tennessee Ave	
CITY-ST-ZIP: St. Cloud, Fl 34769	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Opal Bueno* *Opal Bueno* 2-2-00 (407) 891-9619

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

CR2E037 (9/99)

KE