

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90304 025 ****61.25

DOCUMENT # N11855



1. Entity Name
LAKE LUCIEN EXECUTIVE CENTER, INC.

Principal Place of Business

**2479 ALOMA AVE
2487 ALOMA AVE
WINTER PARK FL 32792
US**

Mailing Address

**P O BOX 1748
2487 ALOMA AVE
WINTER PARK FL 32790
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2765278**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARDNER, JOSEPH J
2479 ALOMA AVE
WINTER PARK FL 32792**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD GARDNER, JOSEPH J	2487 ALOMA AVE	WINTER PARK FL				
	D RUSSELL, RICHARD F	ONE AMERICAN ROW	HARTFORD CT				
	STD BLAKELY, EUGENE C	2201 LUCIEN WAY	MAITLAND FL				
	D JUSTICE, ALBERT N	19329 US 19 N #100	CLEARWATER FL				
	D DEAN, DENNIS	600 CLEVELAND ST #900	CLEARWATER FL				

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:

Joseph J Gardner
RE REQUIRED

4/24/03

CR2E037 (10/02)