

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90649 017 ****61.25

0089010

DOCUMENT # N97000004986

1. Entity Name

LAKE RICHMOND ESTATES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2849 WILLIE MAYS PARKWAY
 ORLANDO FL 32811-5568

2849 WILLIE MAYS PARKWAY
 ORLANDO FL 32811-5568

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

59-3474473

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

7. Name and Address of New Registered Agent

HARRIS, PATSY
2849 WILLIE MAYS PARKWAY
ORLANDO FL 32811-5568

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	HARRIS, PATSY	
STREET ADDRESS	2849 WILLIE MAYS PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32811-5568	
TITLE	D	<input type="checkbox"/> Delete
NAME	CEASAL, ALEXANDER	
STREET ADDRESS	3037 GRANDOLA DR	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, ANNETTE	
STREET ADDRESS	3025 WILLIE MAYS PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEMISON, ALBERIC	
STREET ADDRESS	2466 MESSINA AVE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY	
STREET ADDRESS	4687 VARGAS ST	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	WALKER, CORRINE	
STREET ADDRESS	2938 GRANDOLA DR	
CITY-ST-ZIP	ORLANDO FL 32811	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Patsy Harris* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02 **407-422-8380**
Date Daytime Phone #

CR2E037 (9/01)