

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90138 002 ****61.25

DOCUMENT # 766514

1. Entity Name

LAKE RIDGE VILLAGE CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**10630 LARISSA STREET
ORLANDO FL 32821**

**10630 LARISSA STREET
ORLANDO FL 32821-8833**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2494950

Applied For

Not Applied For

Zip

Country

Zip

Country

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

**SIENKO, BARBARA
5013 LADY BUG PLACE
ORLANDO FL 32821**

Name **ALICE WATSON**

Street Address (P.O. Box Number is Not Acceptable)
5011 LINDSAY COURT

City **ORLANDO**

FL Zip Code **32821**

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

Alice Watson

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 **PD** ☒ Delete
NAME **SIENKO, BARBARA**
STREET ADDRESS **5013 LADY BUG PLACE**
CITY-ST-ZIP **ORLANDO FL 33282**

TITLE **PD** ☒ Change ☐ Addition
NAME **BETTY FEIT**
STREET ADDRESS **4926 LINDSAY COURT**
CITY-ST-ZIP **ORLANDO, FL 32821**

TITLE **SD** ☒ Delete
NAME **NEUMANN, LILLIAN**
STREET ADDRESS **10655 LAZY LAKE DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **SD** ☒ Change ☐ Addition
NAME **ALICE WATSON**
STREET ADDRESS **5011 LINDSAY COURT**
CITY-ST-ZIP **ORLANDO, FL 32821**

TITLE **PD** ☒ Delete
NAME **GORDON, DAVE**
STREET ADDRESS **10630 LARISSA STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ Change ☒ Addition
NAME **GRACE ERICHSEN**
STREET ADDRESS **10707 LARISSA STREET**
CITY-ST-ZIP **ORLANDO, FL 32821**

TITLE **VD** ☒ Delete
NAME **FEUT, BETTY**
STREET ADDRESS **4926 LINDSAY COURT**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **TD** ☐ Change ☒ Addition
NAME **EMERY SZLEZAK**
STREET ADDRESS **4744 LARCHMONT COURT**
CITY-ST-ZIP **ORLANDO, FL 32821**

TITLE **SD** ☒ Delete
NAME **WATSON, ALICE**
STREET ADDRESS **5011 LINDSAY COURT**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMERY SZLEZAK

Date

Daytime Phone #

1/12/00 407-351-3919