

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752288

1. Entity Name

THE SECOND LAKESIDE VILLAGE CONDOMINIUM ASSOCIAT

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90116 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1130 N LAKE PARKER AVE  
BLDG C BOX C  
LAKELAND FL 33805  
US

1130 N LAKE PARKER AVE  
BLDG C BOX C  
LAKELAND FL 33805-4756  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2093397

Applied For

Not Applicable

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

BLOOM, HOWARD  
1130 N LAKE PARKER AVE C 330  
LAKELAND FL 33805

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	SIMON, JOHN	1130 N LAKE PARKER AVE C 321	LAKELAND FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	HOLMES, LARRY D.	1130 N. LAKE PARKER AVE., E-232	LAKELAND FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	MILLER, BETTY	1130 N LAKE PARKER AVE C 125	LAKELAND FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	BLOOM HOWARD	1130 N LAKE PARKER AVE C330	LAKELAND FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #