

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002167

1. Entity Name

LAKESIDE VILLAGE OF HERITAGE SPRINGS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90114 009 ****61.25

Principal Place of Business

11509 HIDDEN COVE COURT
NEW PORT RICHEY FL 34655

Mailing Address

11509 HIDDEN COVE COURT
NEW PORT RICHEY FL 34655-7101

2. Principal Place of Business

11345 ROBERT TRENT JONES

3. Mailing Address

11345 ROBERT TRENT JONES

Suite, Apt. #, etc.

PARKWAY

Suite, Apt. #, etc.

PARKWAY

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

4. FEI Number

59-3610213

Applied For

Not Applicable

Zip

Country

34655 PASCO

Zip

Country

34655 PASCO

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, JOHN → LEE R. THOMPSON
11509 HIDDEN COVE COURT
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name MITCHELL P. KRACH, GEN. MGR.

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

11345 ROBERT TRENT JONES PARKWAY

City NEW PORT RICHEY FL

Zip Code 34655

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 *Mitchell P. Krach* Mitchell P. Krach General Manager 4/25/00
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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP LEE R. THOMPSON
STREET ADDRESS	11345 ROBERT TRENT JONES PARKWAY
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPO PAMELA S. WASHBURN
STREET ADDRESS	11345 ROBERT TRENT JONES PARKWAY
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DST JOHN J. LUKASZEWSKI JR.
STREET ADDRESS	11345 ROBERT TRENT JONES PKWY
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP NORMAN BARBER
STREET ADDRESS	11345 ROBERT TRENT JONES PARKWAY
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
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: *[Signature]* **NOT RECORDED** 4-26-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(22) 375-5536
Date Daytime Phone #

CR2E037 (9/99)