

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752288

1. Entity Name

THE SECOND LAKESIDE VILLAGE CONDOMINIUM ASSOCIAT

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90149 039 *****61.25

Principal Place of Business

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

Mailing Address

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

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

7. Name and Address of New Registered Agent

Name

LARRY HOLMES

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

1130 N. LK. Parker Ave E 232

City

Lakeland

FL

Zip Code

33805

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

TITLE PD
NAME SIMON, JOHN
STREET ADDRESS 1130 N LAKE PARKER AVE C 321
CITY-ST-ZIP LAKELAND FL

☒ Delete

TITLE ~~PD~~
NAME HOLMES, LARRY D.
STREET ADDRESS 1130 N. LAKE PARKER AVE., E-232
CITY-ST-ZIP LAKELAND FL

☐ Delete

TITLE S
NAME MILLER, BETTY
STREET ADDRESS 1130 N LAKE PARKER AVE C 125
CITY-ST-ZIP LAKELAND FL

☒ Delete

TITLE ~~F~~
NAME BLOOM HOWARD
STREET ADDRESS 1130 N LAKE PARKER AVE C330
CITY-ST-ZIP LAKELAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME Don Julian
STREET ADDRESS C 130
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE Treasurer
NAME Larry Holmes
STREET ADDRESS E-232
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE Secretary
NAME Fred Thoren
STREET ADDRESS C-225
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE
NAME Howard Bloom
STREET ADDRESS C-330
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE Vice President
NAME Jim Turner
STREET ADDRESS E-132
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

L. SIMON
4/28/2001 863
682-7799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)