

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 259438

1. Entity Name
NORTH LAKESIDE CORPORATION OF LAKE WORTH, INC. ✓

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90015 041 ***550.00

Principal Place of Business
113 NORTH LAKESIDE DR.
APT. #3
LAKE WORTH FL 33460

Mailing Address
113 NORTH LAKESIDE DR.
APT. #3
LAKE WORTH FL 33460

80000411



DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|--------------------------|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | NOT APPLICABLE | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | | | |

6. Name and Address of Current Registered Agent

MCCORMICK SMITH, PATRICIA
208 NORTH O STREET
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

| | |
|--|-------------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GILLECE, BEVERLY B 8746 TWIN BRIDGE ROAD GRAYLINE MI 49738 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MCCORMICK SMITH, PATRICIA 208 NORTH O STREET LAKE WORTH FL 33460 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARACKMAN, KEN 113 NORTH LAKESIDE DR. LAKE WORTH FL 33460 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD G. GILLESPIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00 561-585-3574
Date Daytime Phone #

CR2E034 15/00