

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 259438

1. Entity Name

NORTH LAKESIDE CORPORATION OF LAKE WORTH, INC.

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90004 041 \*\*\*150.00

Principal Place of Business

Mailing Address

113 NORTH LAKESIDE DR.

113 NORTH LAKESIDE DR.

APT. #3

APT. #3

LAKE WORTH FL 33460

LAKE WORTH FL 33460



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMICK SMITH, PATRICIA

208 NORTH O STREET

LAKE WORTH FL 33460

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GILLECE, BEVERLY B  
STREET ADDRESS 8746 TWIN BRIDGE ROAD  
CITY-ST-ZIP GRAYLINE MI 49738 ☒ Delete

TITLE PD  
NAME GILLECE, CHARLES  
STREET ADDRESS 8746 TWIN BRIDGE RD.  
CITY-ST-ZIP GRAYLINE, MI 49738 ☐ Change ☒ Addition

TITLE STD  
NAME MCCORMICK SMITH, PATRICIA  
STREET ADDRESS 208 NORTH O STREET  
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete

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

TITLE D  
NAME BARACKMAN, KEN  
STREET ADDRESS 113 NORTH LAKESIDE DR.  
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*SIGNATURE OF BEVERLY B. GILLECE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/02

Date

561-585-3514

Daytime Phone #

CR2E034 (9/01)