

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90823 047 ***150.00

DOCUMENT # 344793

1. Entity Name
LAKE EASY LAKEVIEW APARTMENTS INCORPORATED

Principal Place of Business
 1800 S HIGHLAND PARK DR
 LAKE WALES FL 33853-7429
 US

Mailing Address
~~1800 S HIGHLAND PK DR~~
~~LAKE WALES FL 33853-7429~~
 US **3468 LONGMEADOW DR**
SARASOTA, FL 34235



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**
65-1093803

Applied For
 Not Applicable

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

HICKS, BARBARA S
 1800 S HIGHLAND PK DR
 LAKE WALES FL 33853

Name **JANICE M. BATTAGLIA**

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

3468 LONGMEADOW Drive

City **SARASOTA**

FL

Zip Code **34235**

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 *Janice M. Battaglia* **JANICE M. BATTAGLIA SEC. & TREAS.**

2-11-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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	ST	<input type="checkbox"/> Delete
NAME	HICKS, BARBARA S	
STREET ADDRESS	1800 HIGHLAND PK DR.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BATTAGLIA, CHARLES J.	
STREET ADDRESS	2468 LONGMEADOW DR.	
CITY-ST-ZIP	SARASOTA FL 34235	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dolores Vogel	
STREET ADDRESS	2234 STATE Road 17	
CITY-ST-ZIP	BARBON PARK, FL 33827	
TITLE	VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES BATTAGLIA	
STREET ADDRESS	3468 LONGMEADOW DR.	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANICE BATTAGLIA	
STREET ADDRESS	3468 LONGMEADOW DR.	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Hicks	
STREET ADDRESS	454 BETHANY DR.	
CITY-ST-ZIP	MECHANICSBURG, PA 17055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Janice M. Battaglia* **JANICE M. BATTAGLIA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SEC. TREAS**

4-29-01
 Date

941 921-5335
 Daytime Phone #

0380664

CR2E034 (10/00)