

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90084 017 ***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
**3468 LONGMEADOW DR.
SARASOTA FL 34235
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1093803**

Applied For
Not Applicable

Zip **33898-7431** Country

Zip Country

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

**BATTAGLIA, JANICE M
3468 LONGMEADOW DRIVE
SARASOTA FL 34235**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HICKS, BARBARA S**
STREET ADDRESS **454 BETHANY DR.**
CITY-ST-ZIP **MECHANICSBURG PA 17055**

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

TITLE **VP** ☒ Delete
NAME **BATTAGLIA, CHARLES J.**
STREET ADDRESS **3468 LONGMEADOW DRIVE**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **VP** ☒ Change ☐ Addition
NAME **PATRICK TRAVERS**
STREET ADDRESS **1005 CLARK AVE.**
CITY-ST-ZIP **MOUNTAIN VIEW, CA 94040**

TITLE **P** ☐ Delete
NAME **VOGEL, DOLORES**
STREET ADDRESS **2234 STATE ROAD 17**
CITY-ST-ZIP **BABSON PARK FL 33827**

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

TITLE **ST** ☐ Delete
NAME **BATTAGLIA, JANICE**
STREET ADDRESS **3468 LONGMEADOW DRIVE**
CITY-ST-ZIP **SARASOTA FL 34235**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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: *Janice M Battaglia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03

Date

941-921-5335

Daytime Phone #

CR2E034 (10/02)