

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 364311

1. Entity Name

LAKE SHORE VILLAS INC

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90924 034 ***150.00

Principal Place of Business

Mailing Address

15401 LAKESHORE VILLA STREET
TAMPA FL 33613-1353

15401 LAKESHORE VILLA STREET
TAMPA FL 33613-1337

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1308048**

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

7. Name and Address of New Registered Agent

GOEHRING, ROLAND A.
15401 LAKESHORE VILLA STREET
TAMPA FL 33612

Name Registered agent's new address:

Street Address (P.O. Box Number is Not Acceptable)
6428 RENWICK CIRCLE

City TAMPA

FL

Zip Code 33647

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, 2000 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 ☐ Delete
NAME TD
STREET ADDRESS DINUNZIO, JEANNA G.
CITY-ST-ZIP 15401 LAKESHORE VILLA ST
TAMPA, FL 00000

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6428 RENWICK CIRCLE
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete
NAME PD
STREET ADDRESS GOEHRING, ROLAND A
CITY-ST-ZIP 15401 LAKESHORE VILLA ST
TAMPA, FL 00000

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6428 RENWICK CIRCLE
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete
NAME DSV
STREET ADDRESS GOEHRING, DAVID R
CITY-ST-ZIP 15401 LAKESHORE VILLA ST
TAMPA, FL 00000

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6428 RENWICK CIRCLE
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000

Date

813-631-0132

Daytime Phone #

CR2E034 (9/99)