

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90202 017 ***150.00

DOCUMENT # 592009

1. Entity Name
LAKESIDE CORP.



Principal Place of Business
**501 MANDALAY AVE
P.O. BOX 3488
CLEARWATER BCH FL 34630-5488**

Mailing Address
**501 MANDALAY AVE
P.O. BOX 3488
CLEARWATER BCH FL 34630-5488**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2165 Gulf to Bay Blvd. #2

3. Mailing Address
Post Office Box 5008

Suite, Apt. #, etc.
Post Office Box 5008

Suite, Apt. #, etc.

City & State
Clearwater, Florida

City & State
Clearwater, Florida

Zip
33765

Country

Zip
33758-5008

Country

4. FEI Number
59-1340867

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

**RAUSCH, MICHAEL C
501 MANDALAY AVE-OFFICE
CLEARWATER BEACH FL 33767**

Name

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

2165 Gulf to Bay Blvd. #2

City
Clearwater,

FL

Zip Code
33765

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

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

(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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAUSCH, MICHAEL C 501 MANDALAY AVENUE CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHREIBER, KATHERINE 501 MANDALAY AVE CLEARWATER BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBROW, ELI B. 501 MANDALAY AVENUE CLEARWATER BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPER, BARBARA 501 MANDALAY AVE CLEARWATER BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURDIN, NOEL V 501 MANDALAY AVENUE CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONIS, LARRY 501 MANDALAY AVE CLEARWATER BCH FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2165 Gulf to Bay Blvd. #2 Clearwater, Florida 33765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2165 Gulf to Bay Blvd. #2 Clearwater, Florida 33765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2165 Gulf to Bay Blvd. #2 Clearwater, Florida 33765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2165 Gulf to Bay Blvd. #2 Clearwater, Florida 33765	

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: *Barbara A. Cooper* **REQUIRE BARBARA A. COOPER 01/23/03 (727) 443-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)