# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 665416

1. Entity Name

LAKESIDE MOBILE MANOR, INC.

**FILED**
**Jan 19, 2000 8:00 am**
**Secretary of State**

01-19-2000 90315 006 ***150.00

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 8801-18 E. MOONRISE LANE<br>FLORAL CITY FL 34436 | 8801-18 E. MOONRISE LANE<br>FLORAL CITY FL 34436-2374 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8801 E. MOONRISE LN. LOT 18 | 8801 E. MOONRISE LN. LOT 18 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Floral City, FL | City & State: Floral City FL |
| Zip: 34436 Country: CITRUS | Zip: 34436 Country: CITRUS |

4. FEI Number 59-2012554 ☐ 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 |
|---|---|
| JACKSON, GLENN H.<br>8801-18 E MOONRISE LANE<br>FLORAL CITY FL 34436 | Name: Glenn H. Jackson<br>Street Address (P.O. Box Number is Not Acceptable): 8801 E. MOONRISE LN. LOT 18<br>City: Floral City FL Zip Code: 34436 |

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 | PD ☐ Delete | TITLE | PRESIDENT ☒ Change ☐ Addition |
| NAME | JACKSON, GLENN H | NAME | Glenn H. JACKSON |
| STREET ADDRESS | 8801 E. MOONRISE LANE | STREET ADDRESS | 8801 E. MOONRISE LN. LOT 18 |
| CITY-ST-ZIP | FLORAL CITY FL | CITY-ST-ZIP | Floral City FL 34436 |
| TITLE | T ☐ Delete | TITLE | TREASURER ☒ Change ☐ Addition |
| NAME | JACKSON, LINDA M | NAME | LINDA M. JACKSON |
| STREET ADDRESS | 8801 E MOONRISE LN | STREET ADDRESS | 8801 E. MOONRISE LN. LOT 18 |
| CITY-ST-ZIP | FLORAL CITY FL | CITY-ST-ZIP | FLORAL CITY FL 34436 |
| TITLE | S ☐ Delete | TITLE | SECRETARY ☒ Change ☐ Addition |
| NAME | FRIDDLE, SUE ELLEN | NAME | SUE ELLEN FRIDDLE |
| STREET ADDRESS | 8801 E MOONRISE LN | STREET ADDRESS | 8801 E. MOONRISE LN. LOT 18 |
| CITY-ST-ZIP | FLORAL CITY FL | CITY-ST-ZIP | FLORAL CITY FL 34436 |
| TITLE | VP ☐ Delete | TITLE | VICE PRESIDENT ☒ Change ☐ Addition |
| NAME | JACKSON, MICHAEL G | NAME | MICHAEL G. JACKSON |
| STREET ADDRESS | 8801 E MOONRIES LN | STREET ADDRESS | 8801 E. MOONRISE LN. LOT 18 |
| CITY-ST-ZIP | FLORAL CITY FL | CITY-ST-ZIP | FLORAL CITY FL 34436 |
| TITLE | VP ☐ Delete | TITLE | VICE PRESIDENT ☒ Change ☐ Addition |
| NAME | FRIDDLE, MICHAEL L | NAME | MICHAEL L. FRIDDLE |
| STREET ADDRESS | 8801-18 E MOONRISE LANE | STREET ADDRESS | 8801 E. MOONRISE LN. LOT 18 |
| CITY-ST-ZIP | FLORAL CITY FL | CITY-ST-ZIP | FLORAL CITY FL 34436 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** Sue Ellen Friddle SUE ELLEN FRIDDLE 1/13/00 352 726 2553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)