2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90315 006 ***150.00

DOCUMENT # 665416

1. Entity Name

LAKESIDE MOBILE MANOR, INC.

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

DO NOT WRITE IN THIS SPACE

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

JACKSON, GLENN H.
8801-18 E MOONRISE LANE
FLORAL CITY FL 34436

7. Name and Address of New Registered Agent

Name: Glenn H. Jackson
Street Address (P.O. Box Number is Not Acceptable): 8801 E. MOONRISE LN. LOT 18
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JACKSON, GLENN H 8801 E. MOONRISE LANE FLORAL CITY FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Glenn H. JACKSON 8801 E. MOONRISE LN. LOT 18 Floral City FL 34436 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JACKSON, LINDA M 8801 E MOONRISE LN FLORAL CITY FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER LINDA M. JACKSON 8801 E. MOONRISE LN. LOT 18 FLORAL CITY FL 34436 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRIDDLE, SUE-ELLEN 8801 E MOONRISE LN FLORAL CITY FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SUE-ELLEN FRIDDLE 8801 E. MOONRISE LN. LOT 18 FLORAL CITY FL 34436 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JACKSON, MICHAEL G 8801 E MOONRIES LN FLORAL CITY FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MICHAEL G. JACKSON 8801E. MOONRISE LN. LOT 18 FLORAL CITY FL 34436 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRIDDLE, MICHAEL L 8801-18 E MOONRISE LANE FLORAL CITY FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MICHAEL L. FRIDDLE 8801 E. MOONRISE LN. LOT 18 FLORAL CITY FL 34436 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 3527362553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #