

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90337 021 ***150.00

DOCUMENT # 665416

1. Entity Name
LAKESIDE MOBILE MANOR, INC.

Principal Place of Business
**8801 EAST MOONRISE LANE, LOT 18
 FLORAL CITY FL 34436**

Mailing Address
**8801 EAST MOONRISE LANE, LOT 18
 FLORAL CITY FL 34436**

2. Principal Place of Business
same as above
 Suite, Apt. #, etc.

3. Mailing Address
same as above
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-2012554** Applied For
 Not Applicable

Zip Country

Zip Country
CITRUS

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**JACKSON, GLENN H.
 8801 EAST MOONRISE LANE, LOT 18
 FLORAL CITY FL 34436**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	JACKSON, GLENN H	
STREET ADDRESS	8801 MOONRISE LANE, LOT 18	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, LINDA M	
STREET ADDRESS	8801 EAST MOONRISE LANE, LOT 18	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRIDDLE, SUE ELLEN	
STREET ADDRESS	8801 MOONRISE LANE, LOT 18	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACKSON, MICHAEL G	
STREET ADDRESS	8801 EAST MOONRISE LANE, LOT 18	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRIDDLE, MICHAEL L	
STREET ADDRESS	8801 EAST MOONRISE LANE, LOT 18	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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** **4-24-01** **3527262553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)