

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90279 048 \*\*\*\*61.25

DOCUMENT # 729884

1. Entity Name

LAKE MAGDALENE RESTORATION ASSOCIATION, INC.

Principal Place of Business

C/O GAIL S. DREGGORS  
14750 LAKE MAGDALENE CIR.  
TAMPA FL 33613  
US

Mailing Address

C/O GAIL S. DREGGORS  
14750 LAKE MAGDALENE CIR.  
TAMPA FL 33613  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2892945

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

DREGGORS, GAIL S.  
14750 LAKE MAGDALENE CIR.  
TAMPA FL 33613

Name

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

City

FL

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD  
NAME BOSTAIN, BEN H.  
STREET ADDRESS 14822 LAKE MAGDALENE CIR  
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE Treasurer  
NAME Marion Albanese-Adriani  
STREET ADDRESS 2605 Clark Road  
CITY-ST-ZIP Tampa, FL 33618 ☒ Change ☐ Addition

TITLE VPD  
NAME HOGAN, ANDY  
STREET ADDRESS 14738 LAKE MAGDALENE  
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME DREGGORS, GAIL S.  
STREET ADDRESS 14750 LAKE MAGDALENE CIR.  
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME REISMAN, MIKE  
STREET ADDRESS 14744 LAKE MAGDALENE CIRCLE  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01 813-961-6949

Date

Daytime Phone #

CR2E037 (10/00)