

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90092 032 \*\*\*\*61.25

**DOCUMENT # 730954**

1. Entity Name  
**LAKE SHARON INCORPORATED**

Principal Place of Business      Mailing Address  
**#1 KATHY LANE**      **#1 KATHY LANE**  
**LAKE SHARON ESTATES**      **LAKE SHARON ESTATES**  
**FREEPORT FL 32439-6730**      **FREEPORT FL 32439-6730**



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 **59-1576735**      Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKINNEY, FRANICS**  
**120 DARRELL COURT**  
**FREEPORT FL 32439**

7. Name and Address of New Registered Agent

Name **DUNNE, CONNIE**

Street Address (P.O. Box Number is Not Acceptable)  
**205 HICKORY STREET**

City **FREEPORT**      FL      Zip Code **32439**

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 *Connie R. Dunne, Pres*      DATE **16 Jan. 01**

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKINNEY, FRANICS 120 DARRELL COURT FREEPORT FL 32439 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIERCE, CLYDE 102 DARRELL COURT FREEPORT FL 32439 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERSON, ANNE 62 PETERS COURT FREEPORT FL 32439 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MESSER, JEWEL 88 KATHY LANE E FREEPORT FL 32439 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWCZARSKI, GREG 107 KATHY LANE E FREEPORT FL 32439 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFFIELD, BILL 101 PETERS COURT FREEPORT FL 32439 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNNE, CONNIE 205 HICKORY STREET FREEPORT FL 32439 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Connie R. Dunne, Pres*      DATE **16 Jan. 01**      850 897-4189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)