

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90082 041 \*\*\*\*61.25

**DOCUMENT # 737284**

1. Entity Name

**LAKE PATRICIA HOMEOWNERS, INC.**

Principal Place of Business

Mailing Address

**14411 LAKE CHILDS COURT  
 MIAMI LAKES FL 33014  
 US**

**14411 LAKE CHILDS COURT  
 MIAMI LAKES FL 33014  
 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

**NOT APPLICABLE**

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

**BUDLONG, SAM  
 14411 LAKE CHILDS CT  
 MIAMI LAKES FL 33014**

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 **PD** ☐ Delete  
 NAME **BUDLONG, SAM**  
 STREET ADDRESS **14411 LAKE CHILDS COURT**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ Change ☒ Addition  
 NAME **BILL PARROTT**  
 STREET ADDRESS **14345 LK. CANDLEWOOD CT.**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **TD** ☒ Delete  
 NAME **VERGA, JOE**  
 STREET ADDRESS **14401 LAKE CHILDS COURT**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ Change ☒ Addition  
 NAME **ROBERT BERRIDS**  
 STREET ADDRESS **6550 LK. LURE DR.**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **VD** ☐ Delete  
 NAME **ECHOLS, H.R.**  
 STREET ADDRESS **14120 LAKE CANDLEWOOD COURT**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ Change ☒ Addition  
 NAME **ABE BALMORI**  
 STREET ADDRESS **13921 LK. SUCCESS PL.**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ Delete  
 NAME **MYERS, NANCY**  
 STREET ADDRESS **14331 LAKE SARANAC**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ Change ☒ Addition  
 NAME **SUSAN MCCORDY**  
 STREET ADDRESS **14321 LK. CHILDS CT.**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ Delete  
 NAME **BOETTCHER, GLORIA**  
 STREET ADDRESS **14321 LAKE SARANAC**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ Change ☒ Addition  
 NAME **HUEL BAKER**  
 STREET ADDRESS **14400 LK. CHILDS CT.**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☒ Delete  
 NAME **WILLMAN, JEFF**  
 STREET ADDRESS **14231 LAKE CHILDS COURT**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ Change ☒ Addition  
 NAME **LOIS DE LIBERO**  
 STREET ADDRESS **13900 LK. CANDLEWOOD CT.**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

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:

*SAM BUDLONG* PRESIDENT / **SAM BUDLONG**

2/5/02

305-670-9250

CR2E037 (9/01)