

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743085

1. Entity Name

LAKE WEIR SHORES NUMBER (3) INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90028 043 ****61.25

Principal Place of Business	Mailing Address
BOX 1686 BELLEVIEW FL 34421	BOX 1686 BELLEVIEW FL 34421-1686

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1816533	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LA FLEUR, LAWRENCE N
10380 S E 148TH PLACE
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

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 Lawrence N. La Fleur 2/16/00

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, HAROLD	NAME	
STREET ADDRESS	4700 SE HWY 42	STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFLEUR, LAWRENCE	NAME	
STREET ADDRESS	10380 S.E. 148TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34491	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA FLEUR, DOLORES J.	NAME	
STREET ADDRESS	10380 SE 148THPLACE	STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, CAROLYN	NAME	
STREET ADDRESS	10363 149 LANE	STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, CINDY	NAME	
STREET ADDRESS	10482 SE 148 STREET	STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIELLARO, MARK	NAME	
STREET ADDRESS	14838 SE 106 AVE	STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34491	CITY-ST-ZIP	

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: Lawrence N. La Fleur 2/16/00

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

CR2E037 (9/99)