

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743085

1. Entity Name

LAKE WEIR SHORES NUMBER (3) INC.

Principal Place of Business

Mailing Address

BOX 1686
BELLEVIEW FL 34421

BOX 1686
BELLEVIEW FL 34421

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

59-1816533

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

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

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 VP
NAME BROWN, HAROLD
STREET ADDRESS 4700 SE HWY 42
CITY-ST-ZIP SUMMERFIELD FL ☒ Delete

TITLE D
NAME PAT CZERWONKA
STREET ADDRESS 10385 SE 149 STREET
CITY-ST-ZIP SUMMERFIELD, FL 34491 ☐ Change ☒ Addition

TITLE D
NAME LAFLEUR, LAWRENCE
STREET ADDRESS 10380 S.E. 148TH PLACE
CITY-ST-ZIP SUMMERFIELD FL 34491 ☐ Delete

TITLE D
NAME LES GARLOCK
STREET ADDRESS 10370 SE 148 STREET
CITY-ST-ZIP SUMMERFIELD, FL 34491 ☐ Change ☒ Addition

TITLE S
NAME LA FLEUR, DOLORES J.
STREET ADDRESS 10380 SE 148TH PLACE
CITY-ST-ZIP SUMMERFIELD FL ☐ Delete

TITLE D
NAME JERRY OWENS
STREET ADDRESS 10482 SE 148 STREET
CITY-ST-ZIP SUMMERFIELD, FL 34491 ☐ Change ☒ Addition

TITLE T
NAME ALLEN, CAROLYN
STREET ADDRESS 10363 149 LANE
CITY-ST-ZIP SUMMERFIELD FL ☐ Delete

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

TITLE D
NAME OWENS, CINDY
STREET ADDRESS 10482 SE 148 STREET
CITY-ST-ZIP SUMMERFIELD FL ☐ Delete

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

TITLE P
NAME MAIELLARO, MARK
STREET ADDRESS 14838 SE 106 AVE
CITY-ST-ZIP SUMMERFIELD FL 34491 ☒ 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:

DOLORES M. LA FLEUR

3/27/01

352-288-2987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0077817

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90406 041 *****61.25

C0039060



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