

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90317 016 ****61.25

0015692

DOCUMENT # 743085

1. Entity Name

LAKE WEIR SHORES NUMBER (3) INC.



Principal Place of Business

**BOX 1686
BELLEVIEW FL 34421**

Mailing Address

**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

☒ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CZERWONKA, PAT**
STREET ADDRESS **10385 SE 149 STREET**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

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

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

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

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

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

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

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

TITLE **P** ☒ Delete
NAME **OWENS, CINDY**
STREET ADDRESS **10376 SE 149 LN**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☒ Change ☐ Addition
NAME **GENE SHERWOOD, PRESIDENT**
STREET ADDRESS **10376 S.E. 149th LANE**
CITY-ST-ZIP **SUMMERFIELD, FL. 34491**

TITLE **D** ☐ Delete
NAME **GARLOCK, LES**
STREET ADDRESS **10370 SE 148 STREET**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Carolyn Allen* **Treasurer** 9/02/03 (352) 347-6557

CR2E037 (4/03)