

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756151

1. Entity Name

LAKEVIEW SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

% DENTON W. CROCKETT, JR.
1020 LAKEVIEW ROAD, SUITE 200
CLEARWATER FL 34616-3478

Mailing Address

C/O DENTON W. CROCKETT, JR
11175 STARKEY ROAD
LARGO FL 33773-4821
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

59-2072111

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

CROCKETT, DENTON W., JR.
11175 STARKEY ROAD
LARGO FL 33773-4821

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, 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	<input type="checkbox"/> Delete
NAME	CROCKETT, DENTON W., JR.	
STREET ADDRESS	11175 STARKEY ROAD	
CITY-ST-ZIP	LARGO FL 33773-4821	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOLLENBACK, GEORGE W.	
STREET ADDRESS	1006 PINELLAS STREET	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FORRET, PETER B.	
STREET ADDRESS	1006 PINELLAS STREET	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 Pinellas Street	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 Pinellas Street	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/00 727-394-6453

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE