2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State
01-31-2000 90103 025 ****61.25

DOCUMENT # 760907

1. Entity Name

LAKEWOOD PARK/BEL-AIRE CITIZEN'S OBSERVATION PAT

Principal Place of Business	Mailing Address
7605 OCALA AVE FT PIERCE FL 34951 US	7605 OCALA AVE FT PIERCE FL 34951-2423 US

DO NOT WRITE IN THIS SPACE

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 59-2358728 ☐ 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
STONE, WILLIAM T 6504 FT PIERCE BLVD FT PIERCE FL 34951	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	CPTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SAUCIER, IVAN		NAME		
STREET ADDRESS	7605 OCALA AVE		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34951		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STOKES, ROGER		NAME		
STREET ADDRESS	7705 FT WALTON AVE		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 00000 34951		CITY-ST-ZIP		
TITLE	TT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STONE, WILLIAM		NAME		
STREET ADDRESS	6504 FT PIERCE BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34951		CITY-ST-ZIP		
TITLE	TS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCMULLEN, KARIN		NAME		
STREET ADDRESS	6600 PENNY LANE		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34951		CITY-ST-ZIP		
TITLE	LTVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEVRIES, DAVE		NAME		
STREET ADDRESS	EMERSON AVE		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34951		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: William T Stone WILLIAM T STONE 1/26/2000 561-460-91
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #