# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 20, 2002 8:00 am**
**Secretary of State**
03-20-2002 90231 017 ***150.00

Q76458 AV

DOCUMENT # G30466

1. Entity Name
LAKESIDE RANCH INVESTMENT CORPORATION

B0045384

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| % ROBERT R CRITTENDEN<br>105 LAKESIDE RANCH<br>WINTER HAVEN FL 33881 | % ROBERT R CRITTENDEN<br>105 LAKESIDE RANCH<br>WINTER HAVEN FL 33881 |

| 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 59-2286724 ☐ 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 |
|---|---|
| CRITTENDEN, ROBERT R.<br>105 LAKESIDE RANCH<br>WINTER HAVEN FL 33881 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2002 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BLEVINS, ROBERT C<br>6 LAKESIDE RANCH<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>James Alexander<br>154 Lakeside Ranch<br>Winter Haven, FL 33881 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BAKER, BETTY M<br>117 LAKESIDE RANCH<br>WINTER HAVEN FL 33881 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Albert Geasey<br>252 Lakeside Ranch<br>Winter Haven, FL 33881 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PETTA, ANTHONY<br>135 LAKESIDE RANCH<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Carole S. Conley<br>19 Lakeside Ranch<br>Winter Haven, FL 33881 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ENGELKEN, VIRGIL<br>109 LAKESIDE RANCH<br>WINTER HAVEN FL 33881 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Jesse McRae<br>31 Lakeside Ranch<br>Winter Haven, FL 33881 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SWANSON, DONALD C<br>258 LAKESIDE RANCH<br>WINTER HAVEN FL 33881 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>John Schulein<br>225 Lakeside Ranch<br>Winter Haven, FL 33881 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LIBECAP, WILLIAM<br>188 LAKESIDE RANCH<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Daniel Schingeck<br>214 Lakeside Ranch<br>Winter Haven, FL 33881 | ☐ Change ☒ Addition |

CR2E034 (9/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert R Blevins 3-6-02 863-422-5844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #