## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## G75956 DOCUMENT #

1. Entity Name

LAKE FRANCISCO PLAZA, INC.



Principal Place of Business Mailing Address 1900 LAND O'LAKES BLVD. 1900 LAND O'LAKES BLVD #104 #104 LUTZ FL 33549 LUTZ FL 33549 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2372903 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOUNT, JOHN S. Street Address (P.O. Box Number is Not Acceptable) 1900 LAND O' LAKES BLVD. #104 **LUTZ FL 33549** City 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change Addition YOUNT, THOMAS NAME NAME STREET ADDRESS 1900 LAND O'LAKES BLVD. #104 STREET ADDRESS **LUTZ FL 33549** CITY-ST-7IP CITY-ST-ZIP SDT TITLE ☐ Delete TITLE Change ☐ Addition YOUNT, JOHN NAME NAME STREET ADDRESS 1900 LAND O'LAKES BLVD. #104 STREET ADDRESS **LUTZ FL 33549** CITY-ST-ZIP CITY-ST-ZIP AVP. Delete "ITLE" -{=i-Change: --{=i-Addition YOUNT, CYNTHIA M NAME NAME 1900 LAND O'LAKES BLVD. #104 STREET ADDRESS STREET ADDRESS **LUTZ FL 33549** CITY-ST-ZIP CITY-\$T-ZIP AS TITLE ☐ Delete ☐ Change ☐ Addition yount, linda k. NAME 1900 LAND O'LAKES BLVD. #104 STREET ADDRESS STREET ADDRESS LUTZ FL 33549 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90113 019 \*\*\*158.75

(10/02)CR2E034

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment