

2001 UNIFORM BUSINESS REPORT (UBR)

003277 SP

DOCUMENT # L00000001612

1. Entity Name
BUDDY'S LAKESIDE PARK LLC

FILED

01 FEB -9 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10050 AND 10051 HWY 40 EAST
INGLIS FL 34449

Mailing Address
10050 AND 10051 HWY 40 EAST
INGLIS FL 34449

2. Principal Place of Business

3. Mailing Address
10530 S.E. 201 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Inglis, FL

4. FEI Number

593213443

Applied For

Not Applicable

Zip

Country

Zip

Country

34449

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POST, WILLIAM A ESQ
20702 W. PENNSYLVANIA AVENUE
DUNNELLON FL 34431

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 \$50.00
Make Check Payable to Department of State

800003743468--7
-02/20/01--01081--013
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME JENNINGS, LAWRENCE
STREET ADDRESS 4703 RIVERSIDE DRIVE
CITY-ST-ZIP YANKEETOWN FL 34448 ☐ Delete

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

TITLE MGR
NAME JENNINGS, WENDY
STREET ADDRESS 4703 RIVERSIDE DRIVE
CITY-ST-ZIP YANKEETOWN FL 34448 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Wendy Jennings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/8/01 352-447-3474

Date

Daytime Phone #

CR2E083 (11/00)