

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000013173**

1. Entity Name

**LAKEVIEW PARK LLC**

Principal Place of Business

**346 16TH AVE NE  
ST. PETERSBURG FL 33704**

Mailing Address

**346 16TH AVE NE  
ST. PETERSBURG FL 33704**

2. Principal Place of Business

**350 - 16TH AVE NE**

Suite, Apt. #, etc.

**SUITE 200**

3. Mailing Address

**Box 3109**

Suite, Apt. #, etc.

City & State

**St. Petersburg FLA**

City & State

**St. Petersburg FLA**

Zip

**33704**

Country

**USA**

Zip

**33731**

Country

**USA**

4. FEI Number

**59-3735781**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KUSTER, DARRELL D  
346 16TH AVE NE  
ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

**DARRELL D. KUSTER  
Street Address (P.O. Box Number is Not Acceptable)  
350 - 16TH AVE NE  
SUITE 200  
City **St. Petersburg** FL Zip Code **33704****

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

**MANAGING MEMBER** ☐ Delete  
**DARRELL KUSTER**  
**BOX 3109**  
**ST. PETERSBURG FLA 33731**

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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☐ Delete  
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☐ Delete  
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CITY-ST-ZIP

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

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 606, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**4/30/02**

**727-424-2542**

**FILED  
Jun 18, 2002 8:00 am  
Secretary of State**

05-22-2002 90272 046 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)