

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000032485

1. Entity Name

LAKESIDE LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 18 PM 3:45

Handwritten signature/initials

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

241 East Ruby Ave.

3. Mailing Address

241 East Ruby Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Kissimmee, FL

City & State
Kissimmee, FL

4. FEI Number
59-3765017

Applied For
Not Applicable

Zip
34741

Country
USA

Zip
34741

Country
USA

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

George Douglas Iredale

Street Address (P.O. Box Number is Not Acceptable)

241 East Ruby Ave.

City

Kissimmee

FL

Zip Code
34741

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.

8/11/03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Iredale, George Douglas
1087 Hidden Harbour Rd.
Kissimmee, FL 34746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
400022370854
08/18/03--01020--004 **50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Gay, Frank G. III
1624 Regal Cove Court
Kissimmee, FL 34744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Kennedy, Larry
2233 Acree Lane
Kissimmee, FL 34744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Osser, Gerald
2509 Chapala Drive
Kissimmee, FL 34746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

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

8/12/03

Date

Daytime Phone #

CR2E083B (12/02)