

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90408 017 ***150.00

DOCUMENT # L07109

1. Entity Name
R. F. MAGUIRE - LAKEWOOD ESTATES, INC.

Principal Place of Business

2816 E. ROBINSON ST.
STE 250
ORLANDO FL 32803
US

Mailing Address

2816 E. ROBINSON ST.
STE 250
ORLANDO FL 32803
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1010 Executive Center Dr

3. Mailing Address

1010 Executive Center Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

121

121

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32803-1155 U.S.

32803 US

4. FEI Number

59-2966266

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

MAGUIRE, RAYMER F., JR.
2816 E. ROBINSON STREET
SUITE 250
ORLANDO FL 32803

Name

Raymer F. Maguire, III

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

1010 Executive Center Dr

Suite 121

City

Orlando

FL

Zip Code

32803

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

R. Maguire

Raymer F. Maguire, III

4/11/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **P** ☐ Delete
NAME **MAGUIRE, CHARLOTTE**
STREET ADDRESS **2816 E. ROBINSON ST., SUITE 250**
CITY-ST-ZIP **ORLANDO FL 32803**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1010 Executive Center Dr, Suite 121**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE **VST** ☐ Delete
NAME **MAGUIRE, RAYMER F III**
STREET ADDRESS **2816 E. ROBINSON ST., SUITE 250**
CITY-ST-ZIP **ORLANDO FL 32803**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1010 Executive Center Dr, Suite 121**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

R. Maguire

Raymer F. Maguire, III

4/11/02

407-228-9522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)