

2000 UNIFORM BUSINESS REPORT (UBR)

0000003 AF

DOCUMENT # L96000000238

1. Entity Name
LAKESIDE CENTER, L.C.

APR 10 10:52
00 FEB 10 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
50 NORTH LAURA STREET
SUITE 3900
JACKSONVILLE FL 32202

Mailing Address
50 NORTH LAURA STREET
SUITE 3900
JACKSONVILLE FL 32202-3622



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3374663

Applied For
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131-3209

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR SAUD, EDMOND
STREET ADDRESS 8843-1 SAN JOSE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
600003139106
-02/17/00-01075-005
*****50.00 *****50.00

TITLE NAME MGR WALLIS, DONALD W
STREET ADDRESS 50 NORTH LAURA STREET, SUITE 3900
CITY-ST-ZIP JACKSONVILLE FL 32202

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CITY-ST-ZIP

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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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)