

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007790

1. Entity Name

LAKEWOOD RANCH COMMUNITY ACTIVITIES, INC.

Principal Place of Business
6310 LAKEWOOD RANCH BLVD
BRADENTON FL 34202

Mailing Address
6310 LAKEWOOD RANCH BLVD
BRADENTON FL 34202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1060278

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

CHIOFALO, ANTHONY
6215 LORRAINE RD
BRADENTON FL 34202

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 \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS DANAHY, THOMAS J
CITY-ST-ZIP 6215 LORRAINE RD
BRADENTON FL 34202

TITLE ☒ Change ☐ Addition
NAME D/P
STREET ADDRESS Danahy, Thomas
CITY-ST-ZIP 6215 Lorraine Rd.
Bradenton, FL 34202

TITLE ☐ Delete
NAME D
STREET ADDRESS WEBER, ROBERT P
CITY-ST-ZIP 6215 LORRAINE RD
BRADENTON FL 34202

TITLE ☒ Change ☐ Addition
NAME D/V
STREET ADDRESS Weber, Robert
CITY-ST-ZIP 6215 Lorraine Rd.
Bradenton, FL 34202

TITLE ☐ Delete
NAME D
STREET ADDRESS AMODIO, JERREE
CITY-ST-ZIP 6215 LORRAINE RD
BRADENTON FL 34202

TITLE ☒ Change ☐ Addition
NAME D/V/S/T
STREET ADDRESS Amodio, Jerree
CITY-ST-ZIP 6215 Lorraine Rd.
Bradenton, FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS DANAHY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/01 755 6577



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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