

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90002 028 \*\*\*\*61.25

0013249

**DOCUMENT # N04230**

1. Entity Name

**LAKEVIEW INDUSTRIAL CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

908 NE 24TH LN.  
CAPE CORAL FL 33909  
US

P.O. BOX 100831  
CAPE CORAL FL 33910  
US

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 **65-0136009**

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

**OLSON, BARBARA**  
**PROFESSIONALLY YOURS INC.**  
**1342 SE 46TH LN #3**  
**CAPE CORAL FL 33904**

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**  
**After September 12, 2001, min. will be \$236.25**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VPD									
	MORTON, RAY	908 NE 24 LANE #6	CAPE CORAL FL 33909							
	STD									
	TREBING, RALF	4537 DEL PRADO BLVD	CAPE CORAL FL							
	PD									
	JUSTICE, FRANK	4306 SE 18 AVE	CAPE CORAL FL							
	D									
	JUSTICE, DOUGLAS	119 BAYSHORE DRIVE	FT MYERS FL 33904							
	D									
	BOLTON, PAT	1468 MARANATHA DRIVE	FORT MYERS FL 33903							

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: *Morton Ray*

**REQUIRED**

8/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)