# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 24, 2000 8:00 am**
**Secretary of State**
05-24-2000 90144 014 ****61.25

DOCUMENT # N13408

1. Entity Name

LAKESIDE CIVIC ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| **LAKESIDE CIVIC ASSOCIATION**<br>**P.O. Box 10271**<br>**Mission Plaza**<br>**Largo, FL 33773** | **LAKESIDE CIVIC ASSOCIATION**<br>**P.O. Box 10271**<br>**Mission Plaza**<br>**Largo, FL 33773** |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2035012 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

DEBBIE COBB
11556 TRADEWINDS BLVD.
LARGO, FL 33773

**7. Name and Address of New Registered Agent**

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 X Debbie Cobb 4-5-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PRES.<br>JAMES LEE<br>11578 TRADEWINDS BLVD.<br>LARGO, FL 33773 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 1ST VICE PRES.<br>DOROTHY BELMONTE<br>11622 TRADEWINDS BLVD.<br>LARGO, FL 33773 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TRES.<br>DEBBIE COBB<br>11556 TRADEWINDS BLVD.<br>LARGO, FL. 33773 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2nd VICE PRES<br>SUE MALONE<br>11125 HARBORSIDE DR.<br>LARGO, FL. 33773 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>TERRI LEE<br>11578 TRADEWINDS BLVD.<br>LARGO, FL 33773 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** X Debbie Cobb 4-28-00 (727) 397-8210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #