

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14261

1. Entity Name

LAKESIDE COLONY, INC.

Principal Place of Business

111 LAKESIDE COLONY
TARPON SPRINGS FL 34689

Mailing Address

111 LAKESIDE COLONY
TARPON SPRINGS FL 34689-2809

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

NOT APPLICABLE

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

BROOKS, PAULA
111 LAKESIDE COLONY
TARPON SPRINGS FL 34689

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 PS
NAME HAGEN, JAMES ☐ Delete
STREET ADDRESS 113 LAKESIDE COLONY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL

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

TITLE D
NAME INTRBARTOLA, LENNY ☐ Delete
STREET ADDRESS 105 LAKESIDE COLONY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL

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

TITLE TD
NAME RISMONDO, PETER ☐ Delete
STREET ADDRESS 106 LAKESIDE COLONY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL

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

TITLE V
NAME ALCAMO, THOMAS ☒ Delete
STREET ADDRESS 112 LAKESIDE COLONY DR
CITY-ST-ZIP TARPON SPGS FL 34689

TITLE V ☒ Change ☐ Addition
NAME WILMOTH SALLY
STREET ADDRESS 109 LAKESIDE COLONY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D
NAME BROOKS, JAMES ☐ Delete
STREET ADDRESS 111 LAKESIDE COLONY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL

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

TITLE S
NAME WILMOT, SALLY ☒ Delete
STREET ADDRESS 109 LAKESIDE COLONY DR
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE S ☐ Change ☒ Addition
NAME MELISSA THORNTON
STREET ADDRESS 100 LAKESIDE COLONY DR.
CITY-ST-ZIP TARPON SPGS FL 34689

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. BROOKS

04/07/2000

727-937-5313

Date

Daytime Phone #

CR2E037 (9/99)