

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90059 002 \*\*\*\*61.25

0066726

**DOCUMENT # N16302**

1. Entity Name

**LAKE MARY COMMERCE CENTER ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O FRANKHAM, JOSEPHINE S.  
109 COMMERCE STREET, STE 1101  
LAKE MARY FL 32746  
USC/O FRANKHAM, JOSEPHINE S.  
109 COMMERCE STREET, STE 1101  
LAKE MARY FL 32746  
US

2. Principal Place of Business

3. Mailing Address

**DEPARTMENT OF STATE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2869630**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** 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

FRANKHAM, JOSEPHINE S  
109 COMMERCE ST #1101  
LAKE MARY FL 32746

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 PD  
NAME DELLO RUSSO, ROBERT G.  
STREET ADDRESS 109 COMMERCE ST.  
CITY-ST-ZIP LAKE MARY FL ☐ DeleteTITLE VSD  
NAME FRANKHAM, JOSEPHINE  
STREET ADDRESS 109 COMMERCE ST  
CITY-ST-ZIP LAKE MARY FL ☐ DeleteTITLE D  
NAME ADHAV, NALINI  
STREET ADDRESS 1398 BRISTOL PARK PLACE  
CITY-ST-ZIP HEATHROW FL ☐ DeleteTITLE D  
NAME LATHAN, LOUISE D.  
STREET ADDRESS 106 COMMERCE ST #105  
CITY-ST-ZIP LAKE MARY FL ☐ DeleteTITLE D  
NAME EIFLER, LENHARD N.  
STREET ADDRESS 4403 VINELAND RD #B-10  
CITY-ST-ZIP ORLANDO FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)