2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N18498

1. Entity Name



03-12-2003 90093 008 ****61.25 VILLAGE LAKELAND LAKESIDE CLUB, INC Principal Place of Business Mailing Address **TUULTEUU** THE CLUB HOUSE THE CLUB HOUSE 3574 LAZY LAKE DRIVE, NORTH 3574 LAZY LAKE DRIVE, NORTH LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2752600 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent George ISAehr JAMES ELMORE Street Address (P. Box Number is Not Acceptable) 507 LAZY LAKE DR. W. LAKELAND FL 33801 Zip Code 8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ag SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Pirector **Delete** TITLE Addition TITLE Ellison Cartie NAME RHINEGROVER, EDWARD NAME 424 Skyline Drive STREET ADDRESS STREET ADDRESS 3895 LAZY LAKE DR SO CITY-ST-ZIP CITY-ST-ZIP Cakehnd LAKELAND FL 33801 Delete ☐ Change Addition TITI F TITLE Miller ACTMAN **ELMORE, JAMES** NAME NAME 440 Leasure Place STREET ADDRESS STREET ADDRESS 507 LAZYLAKE DR. W. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801

AKELANd, Florida 33801 Addition X Delete TITLE Treasurer Change BACKI GOORE SPENCER, NANCY NAME NAME LAKELAND Florida 33801 STREET ADDRESS STREET ADDRESS 3527 LAZY LAKE DR. S. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 D TITLE ☐ Change Addition ☐ Delete FANjoy Curt DAVIS, JEAN NAME NAME LAZY LAKE Dr. N. STREET ADDRESS **425 PERCH PLACE** STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP AkelANd ☐ Delete ☐ Change ■ Addition TITLE TITLE ANTINS LOTTAINE GALLUCCI, ANTHONY NAME 435 LARY LA te Drive STREET ADDRESS 535 OAKRIDGE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 - Director Machinistry TITLE TITLE ☐ Delete ☐ Change ☐ Addition DALL NAME NAME 528 OAKTIGGEWEST STREET ADDRESS STREET ADDRESS LAKELAND F1. 33801 CITY-ST-ZIP 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 receive of 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

FILED

Mar 12, 2003 8:00 am Secretary of State