2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90953 001 *****8.75
03-29-2001 90953 002 ****61.25

000021

DOCUMENT # N30155

1. Entity Name

LAKESIDE CLUB, INC.

Principal Place of Business	Mailing Address
C/O KAY G. WILLIAMSON 6100 TOUCAN DR. ENGLEWOOD FL 34224 US	C/O KAY G. WILLIAMSON 6100 TOUCAN DR. ENGLEWOOD FL 34223-115 US

DO NOT WRITE IN THIS SPACE

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 65-0097472 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMSON, KAY G
8340 KINGLET DR
ENGLEWOOD FL 34224

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 _____
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

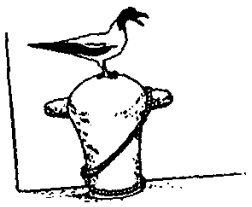
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANNING, KARL 8460 BUTTONQUAIL DR ENGLEWOOD FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAVER, MARILYN 6382 PARTRIDGE AVE. ENGLEWOOD FL 34224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMSON, KAY G 8340 KINGLET DR ENGLEWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GODLEWSKY, ROBERT 8358 KINGLET DR ENGLEWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WRIGHT, MARGARET 8466 KINGLET DR ENGLEWOOD FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARE, DELORES 8353 KINGLET DR ENGLEWOOD FL 34224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRINGTON, BARBARA A 6121 SHEARWATER DR ENGLEWOOD FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SANSOM, DONALD G 6076 SHEARWATER DR ENGLEWOOD FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Delores Hare SIGNATURE REQUIRED Delores Hare 3-20-01 (941)415-6990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #



Lakeside Club, Inc.

Attachment Doc# N30155
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TD
BROWN, JOE
8467 TANAKA DRIVE
ENGLEWOOD FL 34224

Addition

D
PROCTOR, ROBERT
8454 TANAKA DRIVE
ENGLEWOOD, FL 34224

Addition