

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32780

1. Entity Name

LAKE CHRISTINA ASSOCIATION, INC.

Principal Place of Business

9736 SHAMOLIN LANE
PT. RICHEY FL 34668

Mailing Address

9736 SHAMOLIN LANE
PT. RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2997856

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREEN, LES
9736 SHAMOKIN LANE
PT RICHEY FL 34668

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 PD
STREET ADDRESS GREEN, LES
CITY-ST-ZIP 9736 SHAMOKIN LANE
PT RICHEY FL

TITLE
NAME D
STREET ADDRESS BARTOLOMA, ROSALIE
CITY-ST-ZIP 9749 LAKESIDE LA.
PORT RICHEY, FL 34668 ☐ Change ☒ Addition

TITLE
NAME D
STREET ADDRESS CAMPBELL, JIM
CITY-ST-ZIP 9806 SHAMOKIN LANE
PORT RICHEY FL ☐ Delete

TITLE
NAME D
STREET ADDRESS GALLO, LOU
CITY-ST-ZIP 9627 TOWANDA LA.
PORT RICHEY, FL 34668 ☐ Change ☒ Addition

TITLE
NAME D
STREET ADDRESS MILLER, JOHN
CITY-ST-ZIP 9516 LAKE CHRISTINA LA.
PORT RICHEY FL 34668 ☐ Delete

TITLE
NAME D
STREET ADDRESS THORNTON, RAY
CITY-ST-ZIP 9404 LAKE CHRISTINA LA.
PORT RICHEY, FL 34668 ☐ Change ☒ Addition

TITLE
NAME STD
STREET ADDRESS SABLICH, LILIANA
CITY-ST-ZIP 7635 VIENNA LANE
PT RICHEY FL ☐ Delete

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

TITLE
NAME D
STREET ADDRESS THOMPSON, RON
CITY-ST-ZIP 9753 LAKESIDE LANE
PT. RICHEY FL ☐ Delete

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

TITLE
NAME D
STREET ADDRESS MILLER, DORIS
CITY-ST-ZIP 9318 LAKE CHRISTINA LANE
PORT RICHEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2000

842-5333

Date

Daytime Phone #

CR2E037 (9/99)