

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90033 016 ****61.25

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

9736 SHAMOKIN LA.

3. Mailing Address

9736 SHAMOKIN LA.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PT. RICHEY, FL

City & State

PT. RICHEY, FL

Zip

34668

Country

USA

Zip

34668

Country

USA

4. FEI Number

59-2997856

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, LES
9736 SHAMOKIN LANE
PT RICHEY FL 34668**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, LES	
STREET ADDRESS	9736 SHAMOKIN LANE	
CITY-ST-ZIP	PT RICHEY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAMPBELL, JIM	
STREET ADDRESS	9806 SHAMOKIN LANE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NILLER, JOHN	
STREET ADDRESS	9516 LAKE CHRISTINA LA.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SABLICH, LILIANA	
STREET ADDRESS	7635 VIENNA LANE	
CITY-ST-ZIP	PT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, RON	
STREET ADDRESS	9753 LAKESIDE LANE	
CITY-ST-ZIP	PT. RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, DORIS	
STREET ADDRESS	9318 LAKE CHRISTINA LANE	
CITY-ST-ZIP	PORT RICHEY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTOLOMA, ROSALIE	
STREET ADDRESS	9749 LAKESIDE LA.	
CITY-ST-ZIP	PORT RICHEY, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLO, LOU	
STREET ADDRESS	9627 TOWANDA LA.	
CITY-ST-ZIP	PORT RICHEY, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABLICH, MARINO	
STREET ADDRESS	7635 VIENNA LA.	
CITY-ST-ZIP	PORT RICHEY, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

Date

Daytime Phone #

CR2E037 (9/01)