

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40754

1. Entity Name

LAKESIDE VILLAGE AND CONWAY CABANA CLUB, INC.

Principal Place of Business

4848 BIG OAKS LANE
ORLANDO FL 32806
US

Mailing Address

4848 BIG OAKS LANE
ORLANDO FL 32806-7826
US

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

59-2883439

Applied For

Not Applicable

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

DUNN, EVELYN
4848 BIG OAKS LANE
ORLANDO FL 32806

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 S ☐ Delete
NAME FLINCHBAUGH, HEIDI
STREET ADDRESS 4855 BIG OAKS LANE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME STRAN, LAWENCE
STREET ADDRESS 4806 BIG OAKS LN
CITY-ST-ZIP ORLANDO, FL 32806

TITLE D ☐ Delete
NAME SCHAFERS, LEO
STREET ADDRESS 4843 BIG OAKS LANE
CITY-ST-ZIP ORLANDO FL 32806

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

TITLE D ☐ Delete
NAME HART, SUSAN
STREET ADDRESS 4807 BIG OAKS LANE
CITY-ST-ZIP ORLANDO FL

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

TITLE P ☐ Delete
NAME JOHNSON, DARRELL
STREET ADDRESS 4819 BIG OAKS LANE
CITY-ST-ZIP ORLANDO FL 32806

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

TITLE D ☐ Delete
NAME BASINO, TAWNY
STREET ADDRESS 4854 BIG OAKS LANE
CITY-ST-ZIP ORLANDO FL

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

TITLE T ☐ Delete
NAME DUNN, EVELYN
STREET ADDRESS 4848 OAKS LANE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ 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:

Evelyn M. Dunn / EVELYN M. DUNN 6-10-2000 / 1-407-859-0013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE