2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 04, 2002 8:00 am Secretary of State **DOCUMENT # N40754** 1. Entity Name LAKESIDE VILLAGE AND CONWAY CABANA CLUB, INC. 03-04-2002 90023 018 ****61.25 Principal Place of Business Mailing Address 13.36 1868 BIG OAKS LANE 4863 BIG OAKS LANE ORLANDO FL 32806 ORLANDO FL 32806 ЦS US 3. Mailing Address Pic 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2883439 Not Applicable: Zip. Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CLINGLER, SANDI 4836 BIG OAKS LANE ORLANDO FL 32806 Zip Code FL 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. (NOTE: Registered Agent signature regi 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Delete ☐ Change Addition CR2E037 (9/01 FLINCHBAUGH, HEIDI NAME NAME Bigoalsh 4855 BIG OAKS LANE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP BMD TITLE Delete TITLE Change Addition David Flinch bauah SCHAFERS, LEO NAME NAME 49843 PRE QAKS LANE 4855_Big-Oaks_lan STREET ADDRES STREET ADDRESS orlando FL 32801 CITY-ST-ZIP OPLANDO FL 32806 CITY-ST-ZIP SANBORN, KATHY TITLE TITLE troasure **▼** Addition Chang ☐ Change NAME NAME Sandi Clina 4807 BIG OAKS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP reen 8 TITLE ☐ Delete TITLE Change ☐ Addition Johnson, Darreli NAME NAME STREET ADDRESS 4819 BIG OAKS LANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP BMD TITLE TITLE ☐ Addition ☐ Change BASINO, ERNIE NAME NAME STREET ADDRESS 4854 BIG OAKS LANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP **BMD** TITLE TITLE ☐ Addition Change SHOEMAKER, RANDI NAME NAME STREET ADDRESS 4848 OAKS LANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP 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

FILED