

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N47478

1. Entity Name

LAKEWOOD RANCH CORPORATE PARK OWNERS ASSOCIATION

FILED
Apr 24, 2000 8:00 am
Secretary of State

02-25-2000 90011 043 ****70.00

Principal Place of Business		Mailing Address	
6215 LORRAINE ROAD BRADENTON FL 34202		6215 LORRAINE ROAD BRADENTON FL 34202-9667	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0329869		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CHIOFALO, TONY 6215 LORRAINE RD BRADENTON FL 34202			
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	VP	TITLE	VP, P.D.T.
NAME	JENSEN, REX	NAME	Jensen, Rex
STREET ADDRESS	6215 LORRAINE RD	STREET ADDRESS	6215 Lorraine Rd
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	BRADENTON FL 34202
TITLE	VPD	TITLE	PD T
NAME	FURLONG, ROBERT E	NAME	Swart, John
STREET ADDRESS	6215 LORRAINE RD	STREET ADDRESS	6215 Lorraine Road
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	STD	TITLE	STD
NAME	KEARNEY, KITT	NAME	Chiofalo, Anthony J.
STREET ADDRESS	6215 LORRAINE RD	STREET ADDRESS	6215 Lorraine Road
CITY-ST-ZIP	BRADENTON FL 34202	CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	PD	TITLE	
NAME	POSTELHWAITE, ROGER	NAME	
STREET ADDRESS	7550 LORRAINE RD	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

Date

941 7551637

Daytime Phone #

CR2E037 (9/99)