

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47478

1. Entity Name

LAKEWOOD RANCH CORPORATE PARK OWNERS ASSOCIATION

Principal Place of Business

6215 LORRAINE ROAD
BRADENTON FL 34202

Mailing Address

6215 LORRAINE ROAD
BRADENTON FL 34202

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

65-0329869

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$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

Chiofalo, Anthony

Street Address (P.O. Box Number is Not Acceptable)

6215 Lorraine Rd.

City

Bradenton

FL

Zip Code

34202

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VPDT
JENSEN, REX
6215 LORRAINE RD
BRADENTON FL
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
SWART, JOHN
6215 LORRAINE RD
BRADENTON FL 34202
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CHIOFALO, ANTHONY J
6215 LORRAINE RD
BRADENTON FL 34202
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
Swart, John
6215 Lorraine Rd.
Bradenton, FL 34202
☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/V
Weber, Bob
6215 Lorraine Rd.
Bradenton, FL 34202
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Martin, Tim
6215 Lorraine Rd.
Bradenton, FL 34202
☐ Change ☒ Addition

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

Anthony Chiofalo, Secretary

Date

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90045 016 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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