

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004753

1. Entity Name

LAKESIDE COUNSELING CENTER, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90053 039 ****61.25

Principal Place of Business

1736 NEW JERSEY RD
LAKELAND FL 33803

Mailing Address

1736 NEW JERSEY RD
LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3231261

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHEROUSE, CRAIG
1736 NEW JERSEY RD
LAKELAND FL 33803

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 DT ☐ Delete
NAME STANCIL, JOHN
STREET ADDRESS 5998 CHARLOMA DR
CITY-ST-ZIP LAKELAND FL 33813

TITLE DSV ☐ Change ☒ Addition
NAME CRAIG SHEROUSE
STREET ADDRESS 1736 New Jersey Rd
CITY-ST-ZIP Lakeland, FL 33803

TITLE DP ☒ Delete
NAME HARDWICK, KELLY
STREET ADDRESS 860 LILA ST
CITY-ST-ZIP BARTOW FL 33830

TITLE D ☐ Change ☒ Addition
NAME BARBARA BOYD
STREET ADDRESS 1614 Caldwell St.
CITY-ST-ZIP Lakeland FL 33803

TITLE DP ☐ Delete
NAME ANDREWS, PATTI
STREET ADDRESS 1909 BROKEN ARROW TR N
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ Change ☒ Addition
NAME Richard Phillips
STREET ADDRESS 1310 Robinwood Ln S
CITY-ST-ZIP Lakeland FL 33813

TITLE D ☒ Delete
NAME HASKINS, JAN
STREET ADDRESS 6501 CRESCENT LAKE DR
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ Change ☒ Addition
NAME Greg Roums
STREET ADDRESS PO Box 2584
CITY-ST-ZIP Winter Haven FL 33883

TITLE D ☐ Delete
NAME ROW, BETH
STREET ADDRESS 5245 MARTIN LANE DR
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ Change ☒ Addition
NAME Eileen Stone
STREET ADDRESS 1324 Lakeland Hills Blvd
CITY-ST-ZIP Lakeland FL 33805

TITLE D ☐ Delete
NAME WILLIAMS, NANCY
STREET ADDRESS 4819 DETOR RD
CITY-ST-ZIP LAKELAND FL 33813

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: *[Signature]* STANCIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/2001

863 680 4286

CR2E037 (10/00)