

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001873

1. Entity Name

LAKESIDE NEIGHBORHOOD ASSOCIATION, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90335 019 *****70.00

Principal Place of Business

Mailing Address

7628 N 56TH ST
STE 8
TAMPA FL 33617
US

7628 N 56TH ST
STE 8
TAMPA FL 33617
US

2. Principal Place of Business

3. Mailing Address

16105 N. FLORIDA

16105 N. FLORIDA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

SUITE A

City & State

City & State

LUTZ FL

LUTZ FL

Zip

Country

Zip

Country

33549

33549

6. Name and Address of Current Registered Agent

4. FEI Number

59-3314858

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

16105 N. FLORIDA

SUITE A

City

LUTZ

FL

Zip Code

33549

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LANDAUER, KATHERINE
9446 HUNTER'S POND DR
TAMPA FL 33647 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HARTLEY, ALFRED H.
9448 HUNTER'S POND DR
TAMPA FL 33647 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ONDERKO, RICHARD
9453 HUNTERS POND
TAMPA FL 33647 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

Katherine Landauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHERINE
LANDAUER

4/11/01

973-2098

Date

Daytime Phone #

CR2E037 (10/00)

0057097