

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90009 042 ****70.00

DOCUMENT # N97000006598

1. Entity Name

Lakewood Ranch Town Center Office Park Association,
Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6215 Lorraine Road

Suite, Apt. #, etc.

3. Mailing Address

6215 Lorraine Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bradenton, Florida

City & State

Bradenton, Florida

4. FEI Number

65-0812807

Applied For

Not Applicable

Zip

34202

Country

Zip

34202

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Chiofalo, Anthony J.

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

6215 Lorraine Road

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

FEE IS \$61.25

Initial or Amended UBR

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

D/P
Swart, John
6215 Lorraine Rd.
Bradenton, FL 34202

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D/V/S/T
Chiofalo, Anthony J.
6215 Lorraine Rd.
Bradenton, FL 34202

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D/V/
Weber, Bob
6215 Lorraine Rd.
Bradenton, FL 34202

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
Martin, Tim
6215 Lorraine Rd.
Bradenton, FL 34202

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)