2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002 8:00 AM
Secretary of State

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Entity Name: LAKESIDE ACADEMY, INC.

Current Principal Place of Business:

710 SOUTH MAIN STREET
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

710 SOUTH MAIN STREET
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 65-0819425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LITINSKI, BARBARA F
710 SOUTH MAIN STREET
BELLE GLADES, FL 33430 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LITINSKI, BARBARA
Address: 710 SOUTH MAIN STREET
City-St-Zip: BELLE GLADE, FL 33430 US

Title: D ( ) Delete
Name: LITINSKI, GEORGE M
Address: 710 SOUTH MAIN STREET
City-St-Zip: BELLE GLADE, FL 33430 US

Title: D ( ) Delete
Name: CARLSON, SUE
Address: 710 SOUTH MAIN STREET
City-St-Zip: BELLE GLADE, FL 33430 US

Title: D ( ) Delete
Name: ZIMMERMAN, CLAUDIA
Address: 710 SOUTH MAIN STREET
City-St-Zip: BELLE GLADE, FL 33430 US

Title: D ( ) Delete
Name: HERDOCIA, SANDRA
Address: 710 SOUTH MAIN STREET
City-St-Zip: BELLE GLADE, FL 33430 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PLUMMER, JACQUELINE
Address: 710 SOUTH MAIN STREET
City-St-Zip: BELLE GLADE, FL 33430 US

Title: D (X) Change ( ) Addition
Name: TRIFILETTI, CATHIE
Address: 710 SOUTH MAIN STREET
City-St-Zip: BELLE GLADE, FL 33430 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE M. LITINSKI D 01/09/2002

Electronic Signature of Signing Officer or Director — Date