

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90081 045 ****61.25

DOCUMENT # N98000000653

1. Entity Name

LAKESIDE ACADEMY, INC.



Principal Place of Business

**710 SOUTH MAIN STREET
BELLE GLADE FL 33430
US**

Mailing Address

**710 SOUTH MAIN STREET
BELLE GLADE FL 33430
US**

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 **65-0819425**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **GEORGE M. LITINSKI**

Street Address (P.O. Box Number is Not Acceptable)
710 SOUTH MAIN ST.

City **BELLE GLADE FL** Zip Code **33430**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature typed or printed name of registered agent and title if applicable.

GEORGE M. LITINSKI - PRESIDENT - 1/8/03

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITINSKI, BARBARA 710 SOUTH MAIN STREET BELLE GLADE FL 33430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITINSKI, GEORGE M 710 SOUTH MAIN STREET BELLE GLADE FL 33430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUMMER, JACQUELINE 710 SOUTH MAIN STREET BELLE GLADE FL 33430	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S TRIFILETTI, CATHIE 710 SOUTH MAIN STREET BELLE GLADE FL 33430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERDOCIA, SANDRA 710 SOUTH MAIN STREET BELLE GLADE FL 33430	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT GEORGE M. LITINSKI 710 SOUTH MAIN ST. BELLE GLADE, FL 33430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR - TREASURER RACHEL PITTMAN 710 SOUTH MAIN ST. BELLE GLADE, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DIRECTOR - SANDRA CUTLIFF 710 SOUTH MAIN ST. BELLE GLADE, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DIRECTOR BERNADETTE LANGE 710 SOUTH MAIN ST. BELLE GLADE, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

GEORGE M. LITINSKI

1/13/03

993-5000

CR2E037 (10/02)