

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90114 009 \*\*\*\*61.25

**DOCUMENT # N99000002167**

1. Entity Name

**LAKESIDE VILLAGE OF HERITAGE SPRINGS, INC.**

Principal Place of Business

Mailing Address

11509 HIDDEN COVE COURT  
 NEW PORT RICHEY FL 34655

11509 HIDDEN COVE COURT  
 NEW PORT RICHEY FL 34655-7101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**11345 ROBERT TRENT JONES**

3. Mailing Address

**11345 ROBERT TRENT JONES**

Suite, Apt. #, etc.

**PARKWAY**

Suite, Apt. #, etc.

**PARKWAY**

City & State

**NEW PORT RICHEY FL**

City & State

**NEW PORT RICHEY FL**

4. FEI Number

**59-3610213**

Applied For

Not Applicable

Zip

**34655**

Country

**PASCO**

Zip

**34655**

Country

**PASCO**

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

~~MILLS, JOHN~~ → **LEE R. THOMPSON**  
 11509 HIDDEN COVE COURT  
 NEW PORT RICHEY FL 34655

Name **MITCHELL P. KRACH, GEN. MGR.**

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

**11345 ROBERT TRENT JONES PARKWAY**

City **NEW PORT RICHEY FL**

Zip Code **34655**

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 *Mitchell P. Krach* **Mitchell P. Krach General Manager 4/25/00**  
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DP LEE R. THOMPSON</b>
STREET ADDRESS	<b>11345 ROBERT TRENT JONES PARKWAY</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VPO PAMELA S. WASHBURN</b>
STREET ADDRESS	<b>11345 ROBERT TRENT JONES PARKWAY</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DST JOHN J. LUKASZEWSKI JR.</b>
STREET ADDRESS	<b>11345 ROBERT TRENT JONES PKWY</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DVP NORMAN BARBER</b>
STREET ADDRESS	<b>11345 ROBERT TRENT JONES PARKWAY</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(22) 375-5536**  
Date Daytime Phone #

CR2E037 (9/99)