2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2003
Secretary of State

DOCUMENT# N99000004236

Entity Name: THE LAKESIDE COMMUNITY RENEWAL, INC.

Current Principal Place of Business:

115 EAST MAIN ST.
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

115 EAST MAIN ST.
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 65-0965997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JARRIEL, SHIRLEY L
115 EAST MAIN ST.
PAHOKEE, FL 33476

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: PD ( ) Delete
Name: JARRIEL, SHIRLEY
Address: 1731 BACOM PT RD
City-St-Zip: PAHOKEE, FL 33476

Title: VD ( ) Delete
Name: LAW, KEN
Address: 115 EAST MAIN ST.
City-St-Zip: PAHOKEE, FL 33476

Title: SD ( ) Delete
Name: THOMPSON, ALICE
Address: 1029 BACOM POINT RD
City-St-Zip: PAHOKEE, FL 33476

Title: TD ( ) Delete
Name: RABY, CYNTHIA
Address: 7TH STREET
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JARRIEL, SHIRLEY L
Address: 1731 BACOM PT RD
City-St-Zip: PAHOKEE, FL 33476

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

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

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: SHIRLEY L. JARRIEL PD 06/06/2003
Electronic Signature of Signing Officer or Director — Date