

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051817

1. Entity Name
LAKESIDE DEVELOPMENT COMPANY OF BRADENTON, INC.



FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90168 001 ***150.00

Principal Place of Business
8880 TERRENE COURT
BONITA SPRINGS FL 34135

Mailing Address
8880 TERRENE COURT
BONITA SPRINGS FL 34135



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3720414

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GREENE, ROBERT F
1301 SIXTH AVENUE W SUITE 400
BRADENTON FL 34205

Name Lannie Miller
Street Address (P.O. Box Number is Not Acceptable)
8880 Terrene Ct
City Bonita Springs FL Zip Code 34135

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/16/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS SUABODA, BRIT
CITY-ST-ZIP 8880 TENNENE CT
BONITA SPRINGS FL 34135

TITLE ☒ Change ☐ Addition
NAME Managing Member
STREET ADDRESS Brit E. Suboda
CITY-ST-ZIP 8880 Terrene Ct.
Bonita Springs FL 34135

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS RAIMIAS, MARK K
CITY-ST-ZIP 8880 TENNENE CT
BONITA SPRINGS FL 34135

TITLE ☒ Change ☐ Addition
NAME Managing Member
STREET ADDRESS Mark Rasmus
CITY-ST-ZIP 8880 Terrene Ct
Bonita Springs FL 34135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/16/03

DAYTIME PHONE # 239-949-6855

CR2E034 (10/02)