

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000082169****1. Entity Name**  
**LAKESHORE PROPERTIES, INC.****FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90143 025 \*\*\*150.00

Principal Place of Business

1300 S LAKE HOWARD DRIVE  
SUITE 100  
WINTER HAVEN FL 33880

Mailing Address

1300 S LAKE HOWARD DRIVE  
SUITE 100  
WINTER HAVEN FL 33880**00033926**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number 59-3220018**

Applied For

Not Applicable

**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**S. D. STAMPER  
1300 S. LAKE HOWARD DRIVE  
SUITE 100  
WINTER HAVEN FL 33880

Name

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

City

Zip Code

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.**  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11**

| TITLE                           | NAME | STREET ADDRESS | CITY-ST-ZIP   | TITLE   | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|------|----------------|---|---|------|----------------|-------------|
| <input type="checkbox"/> Delete | D    | STAMPER, S D   | 1300 S LAKE HOWARD DR #100<br>WINTER HAVEN FL 33880 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete | D    | STAMPER, J L   | 1300 S LAKE HOWARD DR #100<br>WINTER HAVEN FL 33880 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |      |                |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |      |                |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |      |                |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |      |                |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |

**13. 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 11 or Block 12 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

S.D. Stamper

04/05/01 (863) 2992158

Date Daytime Phone #

CR2E034 (10/00)