

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087004

1. Entity Name

LAKESIDE DEVELOPMENT OF ORLANDO, INC.

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

05-16-2000 90164 034 \*\*\*150.00

Principal Place of Business 2601 S BAYSHORE DRIVE 9TH FLOOR MIAMI FL 33133-5461	Mailing Address 2601 S BAYSHORE DRIVE 9TH FLOOR MIAMI FL 33133-5412
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2. Principal Place of Business 4800 N. Federal Highway	3. Mailing Address 200 S. Biscayne Boulevard
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Suite, Apt. #, etc. Suite 105E	Suite, Apt. #, etc. Suite 4900
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City & State Boca Raton, FL	City & State Miami, FL
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Zip 33431	Country	Zip 33131	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0445386	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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GOLDMAN, JOEL K  
 2601 S BAYSHORE DRIVE  
 9TH FLOOR  
 MIAMI FL 33133-5461

Name K. Lawrence Gragg	
Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd., Suite 4900	
City Miami	Zip Code 33131

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 <i>K. Lawrence Gragg</i> Signature, typed or printed name of registered agent and title if applicable	DATE 4/28/00 (NOTE: Registered Agent signature required when reinstating)
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JEFFREY, THOMAS W 2601 S BAYSHORE DRIVE MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Ackerman, Richard S. 4800 N. Federal Highway, Suite 105E Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLETTE, J THOMAS 2601 S BAYSHORE DR MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gitlin, Gene 4800 N. Federal Highway, Suite 105E Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOLDMAN, JOEL K 2601 S BAYSHORE DRIVE, 9TH FLOOR MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAS COOK, PAULA 2601 S. BAYSHORE DRIVE MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAGUARDIA, JOHN 2601 S BAYSHORE DRIVE, 9TH FLOOR MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FISCHER, JOHN H 2601 S BAYSHORE DRIVE, 9TH FLOOR MIAMI FL 33133-5461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

Richard S. Ackerman 4/30/00 561-395-9666

Date

Daytime Phone #

CR2E034 (9/99)