

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90264 022 ***150.00

DOCUMENT # P93000087004

1. Entity Name

LAKESIDE DEVELOPMENT OF ORLANDO, INC.

Principal Place of Business

Mailing Address

**4800 N FEDERAL HWY
 STE 105E
 BOCA RATON, FL 33431**

**200 S. BISCAYNE BLVD.
 SUITE 4900
 MIAMI, FL 33131**

C0067929

2. Principal Place of Business

3. Mailing Address

13790 NW 4TH STREE

13790 NW 4TH STREE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 113

SUITE 113

City & State

City & State

SUNRISE, FL

SUNRISE, FL

4. FEI Number

Applied For

65-0457764

Not Applicable

Zip

Country

Zip

Country

33325

33325

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAGG, LAWRENCE K.
 200 S. BISCAYNE BLVD.
 SUITE 4900
 MIAMI, FL 33131**

Name

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

City

FL

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 ☒ Delete
 NAME **PD ACKERMAN, RICHARD S**
 STREET ADDRESS **4800 N FEDERAL HWY, SUITE 105E**
 CITY - ST - ZIP **BOCA RATON, FL 33431**

TITLE ☐ Change ☒ Addition
 NAME **PD AHERN, PATRICK M.**
 STREET ADDRESS **C/O AHERN, 2 GREENWICH PLAZA**
 CITY - ST - ZIP **GREENWICH, CT 06830**

TITLE ☐ Delete
 NAME **V GITLIN, GENE**
 STREET ADDRESS **4800 N. FEDERAL HWY, SUITE 105E**
 CITY - ST - ZIP **BOCA RATON, FL 33431**

TITLE ☒ Change ☐ Addition
 NAME **VD GIBLIN JR., E.M.**
 STREET ADDRESS **13790 N.W. 4TH ST, SUITE 113**
 CITY - ST - ZIP **SUNRISE, FL 33325**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
 NAME **TD WILCOX II, R. JOHN**
 STREET ADDRESS **C/O AHERN, 2 GREENWICH PLAZA**
 CITY - ST - ZIP **GREENWICH, CT 06830**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
 NAME **SD WILCOX, ROBERT J.**
 STREET ADDRESS **C/O AHERN, 2 GREENWICH PLAZA**
 CITY - ST - ZIP **GREENWICH, CT 06830**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
 NAME **V MILLER, ANDREA**
 STREET ADDRESS **13790 N.W. 4TH ST, SUITE 113**
 CITY - ST - ZIP **SUNRISE, FL 33325**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

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:

E.M. GIBLIN, JR.

4/26/01

954-838-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #