

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024165

1. Entity Name

LAKESIDE TIMBER & LAND COMPANY

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90019 030 ***150.00

Principal Place of Business

1310 CRIGHTON BLUFF LN
JACKSONVILLE FL 32223

Mailing Address

1310 CRIGHTON BLUFF LN
JACKSONVILLE FL 32223-1718

2. Principal Place of Business

1310 CREIGHTON BLUFF LN

Suite, Apt. #, etc.

3. Mailing Address

1310 CREIGHTON BLUFF LN

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

4. FEI Number 59-3246295

Applied For

Not Applicable

Zip

32223

Country

U.S.A.

Zip

32223

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDING, MAJOR B JR
1310 CREIGHTON BLUFF LN
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

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, 2000 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

TITLE D ☐ Delete
NAME HARDING, MAJOR B JR.
STREET ADDRESS 12115 AMBROSIA COURT
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE D ☐ Delete
NAME BUSBY, PHYLLIS D
STREET ADDRESS 10464 BIG TREE CIRCLE WEST
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/00
Date

904-262-8236
Daytime Phone #

CR2E034 (9/99)