

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024165

1. Entity Name

LAKESIDE TIMBER & LAND COMPANY

Principal Place of Business  
1310 CREIGHTON BLUFF LN  
JACKSONVILLE FL 32223

Mailing Address  
1310 CREIGHTON BLUFF LN  
JACKSONVILLE FL 32223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 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

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
D  
MAJOR B. HARDING JR.  
STREET ADDRESS 1310 CREIGHTON BLUFF LN.  
CITY-ST-ZIP JACKSONVILLE FL 32223

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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

4/10/01

Date

904-262-8236

Daytime Phone #

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90004 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0017658

CR2E034 (10/00)