

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90171 027 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000061997

1. Entity Name

LAKEWOOD PARK LIQUORS & PUB, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5580 VILLAGE LANE

Suite, Apt. #, etc.

3. Mailing Address
5580 VILLAGE LANE

Suite, Apt. #, etc.

City & State
BLOOMFIELD HILLS, MI

Zip
48301

Country
USA

City & State
BLOOMFIELD HILLS, MI

Zip
48301

Country
USA

4. FEI Number 65-0608854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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11009624

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RICHARD H. HACKNEY

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

717 MANATEE AVENUE WEST, SUITE 200

City BRADENTON

FL

Zip Code
34205

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P LONG, ROBERT D.
STREET ADDRESS
5580 VILLAGE LANE
CITY - ST - ZIP
BLOOMFIELD HILLS, MI 48301

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT D. LONG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT D. LONG

Date

Daytime Phone #

CR2E034B (12/02)