

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002973

1. Entity Name

LAKEWOOD RANCH REALTY COMPANY

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90028 042 \*\*\*158.75

Principal Place of Business

~~7550 LORRAINE ROAD~~  
BRADENTON FL 34202

Mailing Address

~~7550 LORRAINE ROAD~~  
BRADENTON FL 34202-9778

2. Principal Place of Business

Suite, Apt. #, etc.  
*6215 Lorraine Road*  
City & State

3. Mailing Address

Suite, Apt. #, etc.  
*6215 Lorraine Road*  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0630606

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLADFELTER, LESLIE H  
1023 MANATEE AVENUE WEST  
BRADENTON FL 34205

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, C J	
STREET ADDRESS	<del>7550 LORRAINE ROAD</del>	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENSEN, REX E	
STREET ADDRESS	<del>7550 LORRAINE ROAD</del>	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	P	<input type="checkbox"/> Delete
NAME	SWART, JOHN	
STREET ADDRESS	<del>7550 LORRAINE RD</del>	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHIOFALU, ANTHONY	
STREET ADDRESS	<del>7550 LORRAINE RD</del>	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>6215 Lorraine Road</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)