

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000030073****1. Entity Name**  
**LAKEWOOD PLAZA CORPORATION****FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90069 040 \*\*\*150.00

**Principal Place of Business****Mailing Address**~~1400 GULF SHORE BLVD N~~  
~~220-B~~  
~~NAPLES FL 34102~~  
US~~1400 GULF SHORE BLVD N~~  
~~220-B~~  
~~NAPLES FL 34102~~  
US**2. Principal Place of Business****1363 MORNINGSIDE DR.**

Suite, Apt. #, etc.

**3. Mailing Address****1363 MORNINGSIDE DR.**

Suite, Apt. #, etc.

**City & State****City & State****4. FEI Number** **65-0676378**

Applied For

Not Applicable

**Zip****Country****Zip****Country****34103****34103****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****PAULICH III, JOHN**  
**801 ANCHOR RD DR**  
**#203**  
**NAPLES FL 34103**

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**

<b>TITLE</b>	<b>DPST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DACOSTA, MAUREEN</b>	
<b>STREET ADDRESS</b>	<b>P O BOX 1 N/A</b>	
<b>CITY-ST-ZIP</b>	<b>ASPEN CO 81612</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CONNELL, JAMES A</b>	
<b>STREET ADDRESS</b>	<b>P.O. BOX 5019 N/A</b>	
<b>CITY-ST-ZIP</b>	<b>UPLAND CA 91785</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>FOX, PATRICIA A</b>	
<b>STREET ADDRESS</b>	<b>8 MILLRACE NORTH</b>	
<b>CITY-ST-ZIP</b>	<b>WILLIAMSVILLE NY 14221</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>WINSLOW</b>	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Margaret Necel* **MARGARET NECEL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/23/01**  
Date**941-263-6987**  
Daytime Phone #

CR2E034 (10/00)