

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90036 001 \*\*\*150.00

**DOCUMENT # P96000035512**

1. Entity Name

**LAKE LINDA CIRCLE DEVELOPMENT CORPORATION**

Principal Place of Business

2036 LAKE LINDA CIR  
 LUTZ FL 33549  
 US

Mailing Address

2036 LAKE LINDA CIR  
 LUTZ FL 33549  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3373584**

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

**OLESKI, RONALD**  
**2036 LAKE LINDA CIR**  
**LUTZ FL 33549**

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

TITLE PD  
 NAME OLESKI, RONALD  
 STREET ADDRESS 2036 LAKE LINDA CIR  
 CITY-ST-ZIP LUTZ FL 33549 ☒ Delete

TITLE D  
 NAME BIGELOW, WESLEY  
 STREET ADDRESS 2036 LAKE LINDA CIRCLE  
 CITY-ST-ZIP LUTZ FL 33549 ☒ Delete

TITLE SD  
 NAME WNUKIEWICZ, KARIN  
 STREET ADDRESS 2036 LAKE LINDA CIRCLE  
 CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE T  
 NAME KITCHENS, LYNN  
 STREET ADDRESS 2036 LAKE LINDA CIRCLE  
 CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE D  
 NAME MCARTHUR, RICHARD  
 STREET ADDRESS 2036 LAKE LINDA CIRCLE  
 CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE VD  
 NAME SCHMITZ, LARRY  
 STREET ADDRESS 2036 LAKE LINDA CIRCLE  
 CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE P/D  
 NAME LAVALLEY, FRANCIS  
 STREET ADDRESS 2036 LAKE LINDA CIR  
 CITY-ST-ZIP LUTZ, FL 33549 ☒ Change ☐ Addition

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

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

TITLE T/D  
 NAME KITCHENS, LYNN  
 STREET ADDRESS 2036 LAKE LINDA CIR  
 CITY-ST-ZIP LUTZ, FL 33549 ☒ Change ☐ Addition

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

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

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:**

*Lynne B. Kitchens*

**LYNNE B KITCHENS**

**01/25/01**

**813-949-6262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)