

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90253 036 \*\*\*150.00

**DOCUMENT # P96000061124**

**1. Entity Name**  
**LAKE BRANDON, INC.**



**Principal Place of Business**  
**101 EAST KENNEDY BOULEVARD**  
**SUITE 3900**  
**TAMPA FL 33602**

**Mailing Address**  
**101 EAST KENNEDY BOULEVARD**  
**SUITE 3900**  
**TAMPA FL 33602**



☒ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**  
**3165 Lake Ellen Drive**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**3165 Lake Ellen Drive**  
Suite, Apt. #, etc.

**City & State**  
**Tampa, FL**

**City & State**  
**Tampa, FL**

**4. FEI Number** **59-2587560**

Applied For  
Not Applicable

**Zip**  
**33618**

**Country**

**Zip**  
**33618**

**Country**

**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**

~~MULHOLLAND, RICHARD~~  
~~101 EAST KENNEDY BOULEVARD~~  
~~SUITE 3900~~  
~~TAMPA FL 33602~~

**Name**  
**Mulholland, Richard**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**3165 Lake Ellen Drive**

**City** **Tampa** **FL** **Zip Code** **33618**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE** **2-7-2003**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PVST** ☐ Delete  
**NAME** **MULHOLLAND, RICHARD**  
**STREET ADDRESS** **101 E KENNDY BLVD., S-3900**  
**CITY-ST-ZIP** **TAMPA FL 33602**

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

**TITLE** ☐ Delete  
**NAME**  
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**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)