

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90126 048 ***150.00

DOCUMENT # P96000095573

1. Entity Name

LAKESIDE OF NAPLES, INC.

Principal Place of Business

5117 CASTELLO, SUITE 1
 NAPLES FL 34103

Mailing Address

5117 CASTELLO, SUITE 1
 NAPLES FL 34133-0279

2. Principal Place of Business

28 000 Spanish Wells Blvd

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

Bonita Springs

City & State

Bonita Springs

Zip

FL

Country

34135

Zip

FL

Country

34133

4. FEI Number

65-0711188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMBURN, JAMES W
 C/O EURO AMERICAN FIN
 5117 CASTELLO, #1
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

28000 Spanish Wells Blvd

City

Bonita Springs

FL

Zip Code

34135

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

TITLE PTD
 NAME WAGNER, HANS DR.
 STREET ADDRESS 5117 CASTELLO, SUITE 1
 CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE VSD
 NAME WAGNER, IRMELA
 STREET ADDRESS 5117 CASTELLO, SUITE 1
 CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.T.
 NAME WAGNER, HANS DR.
 STREET ADDRESS 28000 Spanish Wells Blvd
 CITY-ST-ZIP Bonita Springs, FL 34135 ☒ Change ☐ Addition

TITLE VP, S
 NAME Wagner, Irmela
 STREET ADDRESS 28000 Spanish Wells Blvd
 CITY-ST-ZIP Bonita Springs, FL 34135 ☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

Wagner WAGNER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-2000

Date

941-992-3355

Daytime Phone #

CR2E034 19/99