

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050664

1. Entity Name

LAKE SIDE MANAGEMENT, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90129 009 ***158.75

Principal Place of Business

1225 NW AVE L
BELLE GLADE FL 33430

Mailing Address

P O BOX 485
BELLE GLADE FL 33430-0485
US

2. Principal Place of Business

1225 NW AVENUE L

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 102

City & State

BELLE GLADE, FL 33430

Zip

33430

Country

PALM BEACH

Country

4. FEI Number

65-0765591

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPP, PENNY H
1225 NW AVE L
BELLE GLADE FL 33430

Name

DARRYL D. TRIPP

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

1225 NW AVENUE L

SUITE 102

City

BELLE GLADE

FL

Zip Code
33430

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)

2-7-00

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 NAME STREET ADDRESS CITY-ST-ZIP	D TRIPP, PENNY H 1225 NW AVE L BELLE GLADE FL 33430 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARRYL D. TRIPP 1225 NW AVENUE L, STE. 102 BELLE GLADE, FL 33430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

Date

561-996-2302

Daytime Phone #

CR2E034 (9/99)