

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State
 05-29-2002 90738 015 ***550.00

DOCUMENT # P98000038158

1. Entity Name
LAKEWOOD REALTY, INC.

Principal Place of Business
2439 BEE RIDGE ROAD
SARASOTA FL 34239

Mailing Address
2439 BEE RIDGE ROAD
SARASOTA FL 34239

97514



DO NOT WRITE IN THIS SPACE

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 **65-0838137**

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

ULRICH, RICHARD A
2940 SOUTH TAMiami TRAIL
SARASOTA FL 34239

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **REYNOLDS, WILLIAMS GREG**
 CITY-ST-ZIP **2439 BEE RIDGE ROAD**
SARASOTA FL 34239

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

TITLE ☐ Delete
 NAME **DVTS**
 STREET ADDRESS **GILLILAND, RICHARD K**
 CITY-ST-ZIP **2439 BEE RIDGE ROAD**
SARASOTA FL 34239

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02 941-924-1156
 Date Daytime Phone #

CR2E034 (4/02)



Attachments 97514
#P98000038158

Home Banking

account listing

Cash Management

transmit wires

Bill Payment

view schedule

Accounts

Operating

View account information

E-mail

Help

Exit

View Other Side

Rotate Check

Return To Statement

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED SECURITY - SEE REVERSE FOR COMPLETE SECURITY DETAILS

CASCADE, INC.

D/B/A PRUDENTIAL CASCADE REALTY

2439 BEE RIDGE ROAD

SARASOTA, FL 34238

(813) 554-1700

West Coast Guaranty Bank

A DIVISION OF
FIRST NATIONAL BANK OF FLORIDA
SARASOTA, FLORIDA

29840

23-1370070

03/21/2002

PAY TO THE
ORDER OF

DEPARTMENT OF STATE

\$ 550.00

Five Hundred Fifty and 00/100

DOLLARS

DEPARTMENT OF STATE

P. O. BOX 1500

TALLAHASSEE, FL

32302-1500

VOID AFTER 100 DAYS

MEMO

DOCUMENT #P98000038158

00298400 00670137000

0000130082

00000055000

Home Banking

[account listing] [management] [download]

Cash Management

[transmit wires] [download]

[administration]

Bill Payment

[view schedule] [new payment] [payee list] [new payee]

[payment history] [change pin] [payee report] [download]