

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90163 036 \*\*\*150.00

**DOCUMENT #** P98000038158

**1. Entity Name**

Lakewood Realty, Inc.



**DO NOT WRITE IN THIS SPACE**

**90150865**

**2. Principal Place of Business**

2439 Bee Ridge Road

**3. Mailing Address**

2439 Bee Ridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Sarasota, Florida

**City & State**  
Sarasota, Florida

**4. FEI Number**

65-0838137

**Applied For**

Not Applicable

**Zip**  
34239

**Country**  
USA

**Zip**  
34239

**Country**  
USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Richard Ulrich

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

2940 South Tamiami Trail

**City**

Sarasota

**FL**

**Zip Code**  
34239

**DO NOT WRITE  
IN THIS SPACE**

**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**

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

P, D  
William Greg Reynolds  
2439 Bee Ridge Road  
Sarasota, FL 34239

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

D, V, T, S  
Richard K. Gilliland  
2439 Bee Ridge Road  
Sarasota, FL 34239

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

CR2E034B (12/02)

90150865  
~~HP98000038158~~

**To Whom It May Concern,**

**Shana Mraz**  
**Administrative Assistant**  
**smraz@prudentialcascade.com**