

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90383 048 ***158.75

DOCUMENT # P99000021492

1. Entity Name
LAKESHORE GROUP, INC.

Principal Place of Business
1416 WEST LAKESHORE DRIVE
CLERMONT FL 34711

Mailing Address
1416 WEST LAKESHORE DRIVE
CLERMONT FL 34711

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 **59-3565218**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOKAISEL, GARY A
1416 WEST LAKESHORE DRIVE
CLERMONT FL 34711

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.

SIGNATURE _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PSDC | <input type="checkbox"/> Delete |
| NAME | KOKAISEL, GARY A | |
| STREET ADDRESS | 1416 WEST LAKESHORE DRIVE | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | KOKAISEL, MARGARET A | |
| STREET ADDRESS | 1416 WEST LAKESHORE DRIVE | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | CARRASQUILLO, WILLIAM L | |
| STREET ADDRESS | 1380 W LAKESHORE DRIVE | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CARRASQUILLO, PATTI | |
| STREET ADDRESS | 1380 W LAKESHORE DRIVE | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/10/02 **352-243-0140**
Date Daytime Phone #

CR2E034 (9/01)