

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000060735**

1. Entity Name

**LAKESIDE SITE & LANDSCAPING, INC.****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90055 049 \*\*\*150.00

Principal Place of Business

**135 W CENTRAL BLVD, SUITE 1100  
ORLANDO FL 32801**

Mailing Address

**135 W CENTRAL BLVD, SUITE 1100  
ORLANDO FL 32801**

2. Principal Place of Business

**615 Crescent Executive Court**

Suite, Apt. #, etc.

**Suite 120**

City &amp; State

**Lake Mary, FL**

Zip

**32746**

Country

**Seminole**

3. Mailing Address

**615 Crescent Executive Court**

Suite, Apt. #, etc.

**Suite 120**

City &amp; State

**Lake Mary, FL 32746**

Zip

**32746**

Country

**Seminole**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3589114**

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

**GRAY, N DWAYNE JR  
GREENSPOON, MARDER, HIRSHFELD ET AL  
135 W CENTRAL BLVD, SUITE 1100  
ORLANDO FL 32801**

Name

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

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

Signature, typed or printed name of registered agent and the filer (if applicable)

**N. Dwayne Gray, Jr., Secretary 04/27/01**

(NOTE: Registered Agent's 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, 2001 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-STATE-ZIP                                             | TITLE                                                                        | NAME        | STREET ADDRESS                                                         | CITY-STATE-ZIP |
|---------------------------------|------------|--------------------------|------------------------------------------------------------|------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------|----------------|
| <input type="checkbox"/> Delete | <b>D</b>   | <b>BORCK, TODD L</b>     | <b>135 W CENTRAL BLVD, SUITE 1100<br/>ORLANDO FL 32801</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>P/S</b>  | <b>615 Crescent Executive Court, Suite 120<br/>Lake Mary, FL 32746</b> |                |
| <input type="checkbox"/> Delete | <b>D</b>   | <b>WOLF, JONATHAN L</b>  | <b>135 W CENTRAL BLVD, SUITE 1100<br/>ORLANDO FL 32801</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>VP/T</b> | <b>615 Crescent Executive Court, Suite 120<br/>Lake Mary, FL 32746</b> |                |
| <input type="checkbox"/> Delete | <b>VPD</b> | <b>GRAY, N DWAYNE JR</b> | <b>135 W CENTRAL BLVD, SUITE 1100<br/>ORLANDO FL 32801</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>S</b>    |                                                                        |                |
| <input type="checkbox"/> Delete |            |                          |                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |             |                                                                        |                |
| <input type="checkbox"/> Delete |            |                          |                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |             |                                                                        |                |
| <input type="checkbox"/> Delete |            |                          |                                                            | <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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**N. Dwayne Gray, Jr., Secretary 04/27/01 407-425-6559**

Date

Daytime Phone #

CR2E034 (10/00)