

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90130 017 \*\*\*\*61.25

**DOCUMENT # 723195**

1. Entity Name

**LAKES VILLAGE EAST CONDOMINIUM, INC**

Principal Place of Business

Mailing Address

2516 S.W.27TH AVENUE  
 Ocala FL 34474

2516 S.W.27TH AVENUE  
 Ocala FL 34478-2495

2. Principal Place of Business

3. Mailing Address

1320 S. E. 25th Loop #101

P.O. Box 2495

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-1442026

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

34478

Country

USA

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

DAY, JAMES E  
 2516 SW 27TH AVE  
 Ocala FL 34474

Name

Street Address (P.O. Box Number is Not Acceptable)  
 1320 S. E. 25th Loop #101

City

Ocala

FL

Zip Code

34471

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)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME SCOTTON, JOHN B  
 STREET ADDRESS 660A MIDWAY DR.  
 CITY-ST-ZIP Ocala FL

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE VD  
 NAME TIPPITT, CHARLES  
 STREET ADDRESS 632A S.E. MIDWAY DR.  
 CITY-ST-ZIP Ocala FL

Delete

TITLE V/T/D  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE SD  
 NAME CLARK, JOHN  
 STREET ADDRESS 654A MIDWAY DR  
 CITY-ST-ZIP Ocala FL 34472

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE D  
 NAME FORD, JANE  
 STREET ADDRESS 664B MIDWAY DR.  
 CITY-ST-ZIP Ocala FL 34472

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

646A Midway Dr.

TITLE TD  
 NAME WEAVER, EDWIN  
 STREET ADDRESS 662A MIDWAY DR  
 CITY-ST-ZIP Ocala FL 34472

Delete

TITLE D  
 NAME HARRIGAN, DOROTHY  
 STREET ADDRESS 674B Midway Dr.  
 CITY-ST-ZIP Ocala, FL 34472

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

*John B. Scotton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Scotton

2/24/00

352/369-9881

Date

Daytime Phone #

CR2E037 (9/99)