

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

0005415

DOCUMENT # 756858

1. Entity Name

LAKE BENTLEY SHORES, INC.

02-19-2001 90040 011 *****61.25

Principal Place of Business

Mailing Address

1920 EDGEWOOD DR.
 LAKELAND FL 33803
 US

1920 EDGEWOOD DR.
 LAKELAND FL 33803
 US

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

59-2110877

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

**MILLER, MARK
 1 LAKE MORTON DRIVE
 LAKELAND FL 33801**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	SD NOBLE, FRANCES 1920 EDGEWOOD K-9 LAKELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, WALTER E 1920 EDGEWOOD DR I-3 LAKELAND FL 33803	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHELOCK, DANNY 750 SCOTT LAKE VILLAGE LAKELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELITA, MIKE 1920 EDGEWOOD DR J-2 LAKELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNDY, GLORIA 1920 EDGEWOOD DR, M-4 LAKELAND FL 33803	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 all other like empowered.

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

Date

Daytime Phone #

2-13-01

863-687-0870

CR2E037 (10/00)