

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20608**

1. Entity Name

LAKE PLACID LTD.

FILED

00 MAR 27 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

SUITE E
5000 NW 27TH COURT
GAINESVILLE FL 32606

Mailing Address

SUITE E
5000 NW 27TH COURT
GAINESVILLE FL 32606-6500

2. Principal Place of Business

516 Lakeview Road

3. Mailing Address

516 Lakeview Road

Suite, Apt. #, etc.
Unit 8

Suite, Apt. #, etc.
Unit 8

DO NOT WRITE IN THIS SPACE

City & State

Clearwater, Florida

City & State

Clearwater, Florida

4. FEI Number

59-3378609

Applied For

Not Applicable

Zip

33756

Country

US

Zip

33756

Country

US

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

6. Name and Address of Current Registered Agent

SABIS, WILLIAM R

5000 NW 27TH CT., SUITE E
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name Thomas F. Flynn

Street Address (P.O. Box Number is Not Acceptable)
516 Lakeview Road

Unit 8

City Clearwater

FL

Zip Code
33756

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

3/20/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record

\$139,213.00

10. Amount of Capital Contributions in FLORIDA to date

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
SABIS, WILLIAM R
5000 NW 27TH CT., STE E
GAINESVILLE FL

STREET ADDRESS

CITY - ST - ZIP

Handwritten initials

DOCUMENT #
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CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: William Sabis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)