2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000032786

COUNTY ROAD 318

CASSE, NORMAN E

COUNTY ROAD 318

DCOB

ORANGE LAKE, FL 32681

ORANGE LAKE, FL 32681

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: LAKE FRON, INC.

FILED Feb 19, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: COUNTY ROAD 318 ORANGE LAKE, FL 32681 **Current Mailing Address: New Mailing Address:** PO BOX 548 ORANGE LAKE, FL 32681 FEI Number: 59-3649109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HICKS, DANIEL 421 SOUTH PINE AVENUE OCALA, FL 34474 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CHIOTA, THOMAS A CHIOTA, THOMAS A Name: Name: COUNTY ROAD 318 820 NE 120TH PL Address: Address: City-St-Zip: ORANGE LAKE, FL 32681 City-St-Zip: OCALA, FL 34479 Title: DV Title: () Delete (X) Change () Addition Name: MANGURIAN, HARRY T JR. Name: MANGURIAN, HARRY T JR. **COUNTY ROAD 318** 2477 E. COMMERCIAL BLVD. Address: Address: ORANGE LAKE, FL 32681 FT. LAUDERDALE, FL 33308 City-St-Zip: City-St-Zip: () Delete Title: Title: DST DST (X) Change () Addition O'FARRELL, J. MICHAEL JR O'FARRELL, J. MICHAEL JR Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

1701 SW 60TH AVE

CASSE, NORMAN E

CITRA, FL 32113

14303 N. MAGNOLIA AVE.

(X) Change () Addition

OCALA, FL 34474

DCOB

SIGNATURE: THOMAS A. CHIOTA PD 02/19/2002