

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000046585

1. Entity Name
THE LAKE HELEN GROUP, INC.

| | |
|---|---|
| Principal Place of Business 825 SAND CRANE LANE LAKE HELEN FL 32744 | Mailing Address 825 SAND CRANE LANE LAKE HELEN FL 32744 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

4. FEI Number
59-3512467
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE

CORAL GABLES FL 33134 US

7. Name and Address of New Registered Agent

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 _____ **04/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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 | |
|---|---------------------------------|
| T NAME: GARCIA CAROLINE H STREET ADDRESS: 825 SAND CRANE LANE CITY-ST-ZIP: LAKE HELEN FL 32744 | <input type="checkbox"/> Delete |
| S NAME: MICHEO SHARON E STREET ADDRESS: 825 SAND CRANE LANE CITY-ST-ZIP: LAKE HELEN FL 32744 | <input type="checkbox"/> Delete |
| VD NAME: MICHEO DIEGO J STREET ADDRESS: 825 SAND CRANE LANE CITY-ST-ZIP: LAKE HELEN FL 32744 | <input type="checkbox"/> Delete |
| PD NAME: GARCIA FABIAN A STREET ADDRESS: 825 SAND CRANE LANE CITY-ST-ZIP: LAKE HELEN FL 32744 | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <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: Sharon E. Micheo **S** **04/29/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)