

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90267 021 ***150.00

DOCUMENT # L18203

1. Entity Name

Pasco Lakes Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9995 Gate Parkway N.

Suite, Apt. #, etc.

Suite 200

City & State
Jacksonville, Florida

Zip
32246

Country
USA

3. Mailing Address
9995 Gate Parkway N.

Suite, Apt. #, etc.

Suite 200

City & State
Jacksonville, Florida

Zip
32246

Country
USA

4. FEI Number
59-3085456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Michael A. Wodrich

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

1301 Riverplace Blvd., Suite 1500

City
Jacksonville

FL

Zip Code
32207

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Charles C. Appleby 9995 Gate Parkway N., Suite 200 Jacksonville, Florida 32246	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Felix A. Crawford 9995 Gate Parkway N., Suite 200 Jacksonville, Florida 32246	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO Walter Hall 9995 Gate Parkway N., Suite 200 Jacksonville, Florida 32246	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles C. Appleby

2/7/03

Date

Daytime Phone #

CR2E034B (12/02)