

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 252069

1. Entity Name

STARR LAKE PROPERTIES, INC.

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90048 010 \*\*\*150.00

Principal Place of Business P.O. BOX 336 HIGHLAND CITY FL 33846	Mailing Address P.O. BOX 336 HIGHLAND CITY FL 33846
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2. Principal Place of Business P.O. Box 2575 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2575 Suite, Apt. #, etc.
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City & State Daytona Beach FL	City & State Daytona Beach FL	4. FEI Number 59-2875352	Applied For <input type="checkbox"/> Not Applicable
Zip 32115-2575	Country USA	Zip 32115-2575	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREENE, MADALYN M.  
5922 OAKMONT LANE  
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name  
Connie Gugger

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

Daytona Beach FL

City  
FL Zip Code  
32114

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 Connie Gugger, Pres. DATE Jan 25, 2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, MADALYN M. 39 THIRD STREET S.W. WINTER HAVEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Connie Gugger 425 Tarragona Way Daytona Beach FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAISANO, JOSEPH B. 39 THIRD STREET S.W. WINTER HAVEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Joseph B. Maisano 425 Tarragona Way Daytona Beach FL 32114-2575 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUGGER, CONSTANCE 39 THIRD STREET S.W. WINTER HAVEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Sarah Remillard 425 Tarragona Way Daytona Beach FL 32114-2575 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Connie Gugger, Pres. Connie Gugger DATE Jan 25, 2001 DAYTIME PHONE # 904-255-0342

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

281129

CR2E034 (10/00)