

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 257590

1. Entity Name

LAKE NED GROWERS INC

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90036 017 ***150.00

Principal Place of Business

Mailing Address

~~146 AVENUE B, NW~~
C/O ROY C. SUMMERLIN
~~WINTER HAVEN FL 33881-4306~~

~~146 AVENUE B, NW~~
C/O ROY C. SUMMERLIN
~~WINTER HAVEN FL 33881-4306~~

2. Principal Place of Business

3. Mailing Address

141 5th St. NW

141 5th St. NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Roy C. Summerlin

c/o Roy C. Summerlin

City & State

City & State

Winter Haven, FL

Winter Haven, FL

Zip
33381

Country
USA

Zip
33381

Country
USA

4. FEI Number

59-0967486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMMERLIN, ROY C.

~~146 AVENUE B, NW~~

~~WINTER HAVEN FL~~

Name

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

141 5th St. NW

City

Winter Haven

FL

Zip Code
33881

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

Signature, typed or printed name of registered agent, and if not 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ZAUSNER, RICHARD
STREET ADDRESS 100 HARBOR ROAD
CITY-ST-ZIP PORT WASHINGTON NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ZAUSNER, MARTIN
STREET ADDRESS 923 FIFTH AVE
CITY-ST-ZIP NEW YORK, NY 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS ☐ Delete
NAME ZAUSNER, ANNABELL
STREET ADDRESS 100 HARBOR ROAD
CITY-ST-ZIP PORT WASHINGTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME RUSSO, RONALD
STREET ADDRESS 100 HARBOR ROAD
CITY-ST-ZIP PORT WASHINGTON NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

CR2E034 (9/99)