

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90080 012 ***150.00

DOCUMENT # 305707

1. Entity Name

LAKE IOLA ESTATES INC

Principal Place of Business

Mailing Address

P O BOX 16
33009 MCCABE RD
SAN ANTONIO FL 33576
US

P O BOX 16
33009 MCCABE RD
SAN ANTONIO FL 33576-7022
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1142496**

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

SUMNER, ROBERT D
14150 - 6TH STREET
DADE CITY FL 33525

Name

Linda Lee Jones

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

18424 Clayhill Rd., Dade City

P.O. Box 74

San Antonio,

FL

Zip Code

33576

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 **Linda L. Jones**

Linda L. Jones

3-28-2000

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, 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 **JONES, RALPH**
STREET ADDRESS **P O BOX 16 33009 MCCABE RD**
CITY-ST-ZIP **SAN ANTONIO FL 33576**

TITLE **PD** ☒ Change ☐ Addition
NAME **Linda Lee Jones**
STREET ADDRESS **P.O. Box 74, 18424 Clay Hill Rd.**
CITY-ST-ZIP **San Antonio, FL 33576**

TITLE **ST** ☐ Delete
NAME **JONES, J. RALPH**
STREET ADDRESS **BOX 16 32631 S.R. 52**
CITY-ST-ZIP **SAN ANTONIO FL**

TITLE **ST** ☒ Change ☐ Addition
NAME **Linda Lee Jones**
STREET ADDRESS **P.O. Box 74**
CITY-ST-ZIP **San Antonio, FL 33576**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **Linda L. Jones**

3-28-2000

(352)
567-4777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)