

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90241 046 \*\*\*150.00

**DOCUMENT # 305707**

1. Entity Name

LAKE IOLA ESTATES INC

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

31753 Gude Rd.

Suite, Apt. #, etc.

Wade City, Fla.

City & State

Zip  
 33576

Country  
 Pasco

3. Mailing Address

X P.O. Box 74

Suite, Apt. #, etc.

City & State  
 San Antonio, FL

Zip  
 33576

Country  
 Pasco



DO NOT WRITE IN THIS SPACE

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

JONES, LINDA L  
 18424 CLAYHILL RD  
 P O BOX 74  
 SAN ANTONIO FL 33576

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME JONES, LINDA L  
 STREET ADDRESS P O BOX 74, 18424 CLAY HILL RD  
 CITY-ST-ZIP SAN ANTONIO FL 33576

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

TITLE ST ☐ Delete  
 NAME JONES, LINDA L  
 STREET ADDRESS P O BOX 74  
 CITY-ST-ZIP SAN ANTONIO FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 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:

*Linda L Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-01

Date

352-588-4922

352-217-1320

CR2E034 (10/00)