

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90071 043 \*\*\*158.75

**DOCUMENT # 347916**

**1. Entity Name**  
**EUSTIS LAKE REGION, INC.**



**Principal Place of Business**  
**13032 U.S. HWY 301 S**  
**DADE CITY FL 33525**

**Mailing Address**  
**13032 U.S. HWY 301 S**  
**DADE CITY FL 33525**

**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** **59-1264036**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**TABOR, MICHAEL E**  
**4645 NORTH HWY 19A**  
**MT DORA FL 32757**

**7. Name and Address of New Registered Agent**

**Name** **G. MICHAEL MACKENZIE**  
**Street Address** **1027 Broadway Blvd., Suite A**  
**City** **Dunedin, FL 34698**

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

**G. Michael Mackenzie**

(NOTE: Registered Agent signature required when reinstating)

**4/9/2003**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PTD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>MATTHEW, WILLIAM</b>	
<b>STREET ADDRESS</b>	<b>129 BUENA VISTA DR.</b>	
<b>CITY-ST-ZIP</b>	<b>DUNEDIN FL</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>MATTHEW, TIMOTHY O.</b>	
<b>STREET ADDRESS</b>	<b>13714 WALBROOKE DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL</b>	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>STORY III, CLEMENT</b>	
<b>STREET ADDRESS</b>	<b>115 W. MAIN STREET</b>	
<b>CITY-ST-ZIP</b>	<b>LAFAYETTE LA</b>	
<b>TITLE</b>	<b>V</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>TABOR, MICHAEL E</b>	
<b>STREET ADDRESS</b>	<b>4645 NORTH HWY 19A</b>	
<b>CITY-ST-ZIP</b>	<b>MT DORA FL</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PRESIDENT/TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>LUTHER STINNETT</b>	
<b>STREET ADDRESS</b>	<b>72 MOSSWOOD LN</b>	
<b>CITY-ST-ZIP</b>	<b>BRISTOL, VA 24201</b>	
<b>TITLE</b>	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>G. MICHAEL MACKENZIE</b>	
<b>STREET ADDRESS</b>	<b>1027 BROADWAY SUITE A</b>	
<b>CITY-ST-ZIP</b>	<b>DUNEDIN, FL 34698</b>	
<b>TITLE</b>	<b>VICE PRES-DIR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CLEMENT STORY III</b>	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE** *[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-9-03**  
Date **352-1517-7176** Daytime Phone #

CR2E034 (10/02)