

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 351074

1. Entity Name

LAGOON PARK INC

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90022 039 \*\*\*150.00

Principal Place of Business

910 VILLA LAGOON DR  
TAVARES FL 32778-2368  
US

Mailing Address

910 VILLA LOGOON DR  
TAVARES FL 32778-2368  
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 59-1286676

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

SOMMERS, CHARLES E. JR.  
910 VILLA LAGOON DRIVE  
TAVARES FL 32778

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	HENGST, RAY	
STREET ADDRESS	942 VILLA LAGOON DRIVE	
CITY-ST-ZIP	TAVARES FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HESTER, ROBERT	
STREET ADDRESS	918 VILLA LAGOON DR	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DONCHESKI, D. M.	
STREET ADDRESS	938 VILLA LAGOON DRIVE	
CITY-ST-ZIP	TAVARES, FL 00000	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	SOMMERS, CHARLES E	
STREET ADDRESS	910 VILLA LAGOON DRIVE	
CITY-ST-ZIP	TAVARES, FL 00000	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	BARLEY, LINDA M	
STREET ADDRESS	902 VILLA LASOON DR.	
CITY-ST-ZIP	TAVARES FL 32278	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENGST, RAY	
STREET ADDRESS	942 VILLA LAGOON DR.	
CITY-ST-ZIP	TAVARES, FL	
TITLE	MEMBER BOARD OF DIRECTORS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVELL, DAVID	
STREET ADDRESS	926 VILLA LAGOON DR.	
CITY-ST-ZIP	TAVARES, FL	
TITLE	MEMBER BOARD OF DIRECTORS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VLJET, CARL	
STREET ADDRESS	950 VILLA LAGOON DR.	
CITY-ST-ZIP	TAVARES, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

03-06-00 351-343-4468

Date

Daytime Phone #

CR2E034 (9/99)