

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 351074

1. Entity Name

LAGOON PARK INC

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90106 021 ***150.00

Principal Place of Business

910 VILLA LAGOON DR
TAVARES FL 32778-2368
US

Mailing Address

910 VILLA LAGOON 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

Charles E. Sommers, Jr.

(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 VP ☐ Delete
NAME HENGST, RAY
STREET ADDRESS 942 VILLA LAGOON DR.
CITY-ST-ZIP TAVARES FL

TITLE MBD ☐ Change ☒ Addition
NAME VLIET, CARL
STREET ADDRESS 950 VILLA LAGOON DR.
CITY-ST-ZIP TAVARES, FL 32778-2368

TITLE MBD ☐ Delete
NAME LOVELL, DAVID
STREET ADDRESS 926 VILLA LAGOON DR.
CITY-ST-ZIP TAVARES FL

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

TITLE DP ☐ Delete
NAME DONCHESKI, D. M.
STREET ADDRESS 938 VILLA LAGOON DRIVE
CITY-ST-ZIP TAVARES FL

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

TITLE TSD ☐ Delete
NAME SOMMERS, CHARLES E
STREET ADDRESS 910 VILLA LAGOON DRIVE
CITY-ST-ZIP TAVARES FL 32278

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 another like empowered.

SIGNATURE:

Charles E. Sommers, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-30-01 352-343-4468

CR2E034 (10/00)