

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90110 047 \*\*\*150.00

**DOCUMENT # 351074**

1. Entity Name  
**LAGOON PARK INC**

Principal Place of Business  
**910 VILLA LAGOON DR**  
**TAVARES FL 32778-2368**  
**US**

Mailing Address  
**910 VILLA LOGOON DR**  
**TAVARES FL 32778-2368**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-1286676**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

**3-10-2002**

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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**HENGST, RAY**  
**942 VILLA LAGOON DR.**  
**TAVARES FL**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MBD**  
**VILLET, CARL**  
**950 VILLA LAGOON DRIVE**  
**TAVARES FL 32778-2368**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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:

*Charles E. Sommers Jr.*  
**SOMMERS, CHARLES E. JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/25/02**

**352-343-4968**

Date

Daytime Phone #

CFR2034 (9/01)