

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 452631

1. Entity Name

LAKE ROUSSEAU DEVELOPMENT COMPANY, INC.

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90119 048 \*\*\*150.00

Principal Place of Business

1158 N. CIRCLE DR.  
CRYSTAL RIVER FL 34429  
US

Mailing Address

1158 N. CIRCLE DR.  
CRYSTAL RIVER FL 34429  
US

2. Principal Place of Business

5634 N. Lecanto Hwy

Suite, Apt. #, etc.

3. Mailing Address

5634 N. Lecanto Hwy.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Beverly Hills FL

City & State

Beverly Hills FL 34465

4. FEI Number

59-1536388

Applied For

Not Applicable

Zip

34465

Country

USA

Zip

34465

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANNESS, THOMAS M  
1158 N. CIRCLE DR.  
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name MONTY VANNESS

Street Address (P.O. Box Number is Not Acceptable)

5634 N. LECANTO HWY.

City BEVERLY HILLS

FL

Zip Code

34465

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

*Monty Van Ness, President*

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

(NOTE: Registered Agent signature required when reinstating)

4/9/2001

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VANNESS, THOMAS M	
STREET ADDRESS	1158 N. CIRCLE DR.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VANNESS, PATRICIA	
STREET ADDRESS	1158 N. CIRCLE DR.	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Monty Van Ness*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2001

Date

Daytime Phone #

CR2E034 (10/00)