## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # 579911** 1. Entity Name COOK PROPERTIES INC. 03-20-2000 90076 049 \*\*\*150.00 Mailing Address Principal Place of Business 407 SIKENTUCKY AVE 407 S KENTUCKY AVE LAKELAND FL 33801-5301 LAKELAND FL 33801 C0039952 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1836142 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOK LAWRENCE K. Street Address (P.O. Box Number is Not Acceptable) 407 S KENTUCKY AVE LAKELAND FL 33801 Zip Code City 8. The above samed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After NIAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE **PSTD** Change ☐ Addition ☐ Delete TITLE COOK, LAWRENCE K. NAME NAME STREET ADDRESS STREET ADDRESS 407 S. KENTUCKY AVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Addition STD X Delete ☐ Change TITLE TITLE COOK, ROSEMARY G. NAME STREET ADDRESS 407 S. KENTUCKY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change — ☐ Addition - 🔲 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Detete TITLE NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

owenil ( Lawren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence K. Cook

Date

(863)688-1537

Daytime Phone #