## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # 606331 May 07, 2000 8:00 am 1. Entity Name **Secretary of State** LAKE BESSIE INVESTMENTS, INC. 05-07-2000 90013 007 \*\*\*150.00 Principal Place of Business Mailing Address 1119 OAKDALE ST 1119 OAKDALE ST WINDERMERE FL 34786 WINDERMERE FL 34786-8744 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1872409 Not Applicable ~ Zip Country \$8.75 Additional 5. Certificate of Status Desired . . . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREER, DONALD R. Street Address (P.O. Box Number is Not Acceptable) 1119 S OAKDALE ST **WINDERMERE FL 34786** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change Addition CR2F034 (9/99 TITLE ☐ Delete TITLE GREER, CAROLYN B NAME NAME STREET ADDRESS 1119 S OAKDALE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL ☐ Addition Change DVST ☐ Delete TITLE GREER, DONALD R NAME STREET ADDRESS STREET ADDRESS 1119 S OAKDALE ST CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL Change [ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F Delete 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

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