

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90358 014 ****61.25

DOCUMENT # 753227

1. Entity Name

LAKE JACKSON ESTATES, INC.

Principal Place of Business

C/O SONJA GUTHRIE
 4909 ANNETTE DRIVE
 TALLAHASSEE FL 32303
 US

Mailing Address

C/O SONJA GUTHRIE
 4909 ANNETTE DRIVE
 TALLAHASSEE FL 32303
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2949812

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

GUTHRIE, SONJA
 4909 ANNETTE DRIVE
 TALLAHASSEE FL 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME GRUBER, DARRYL
 STREET ADDRESS 4894 ANNETTE DR. misspelled
 CITY-ST-ZIP TALLAHASSEE FL

TITLE PD ☒ Change ☐ Addition
 NAME Gruber
 STREET ADDRESS 4894 Annette Dr.
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME HARMS, WILLIAM
 STREET ADDRESS 4928 ANNETTE DR.
 CITY-ST-ZIP TALLAHASSEE FL

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

TITLE TD ☐ Delete
 NAME GUTHRIE, SONJA
 STREET ADDRESS 4909 ANNETTE DRIVE
 CITY-ST-ZIP TALLAHASSEE FL

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

TITLE S ☐ Delete
 NAME EASOM, MARY
 STREET ADDRESS 4897 ANNETTE DRIVE
 CITY-ST-ZIP TALLAHASSEE FL

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SONJA GUTHRIE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2001 487-7702

Date

Daytime Phone #

CR2E037 (10/00)