2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770245 1. Entity Name

PEPPER MILL OF LAKE COUNTY, INC.

Principal Place of Business

Mailing Address

11353 CIRCLE WAY PO BOX 895357 LEESBURG FL 34789 C/O FLOWERTREE 37921 FLOWERTREE LANE

GRAND ISLAND FL 32735

FILED Feb 05, 2002 8:00 am Secretary of State

02-05-2002 90131 001 ****61.25



2. Principal Place of Business Mailing Address Clo GLEN ERDMAN KAPEN MARTI Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE BOK 89535 636 MT HOMER City & State City & State 4. FEI Number Applied For 59-2318726 Not Applicable **E**USILS Zip Country \$8.75 Additional П 5. Certificate of Status Desired a6 JSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CRIDER, MARVIN 500 ARDICE AVE. EUSTIS FL 32726 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PRESIDENT 101R PD X Delete TITLE Change Addition TITLE NAME RABON, SHIRLEY NAME MIKE MATHIS 628 MT. HOWER RD STREET ADDRESS STREET ADDRESS 612 MT HOMER ROAD CITY-ST-ZIP CITY-ST-ZIP 32726 EUSTIS FL 32726 EUSTIS, TITLE SD Delete TITI F SEC/TREAS IDIR 🔀 Addition NAME NAME KING, IVY " GLEN EROMAN STREET ADDRESS STREET ADDRESS 636 MT HOMIER ROAD 37921 FLOWERTREE LANE CITY-ST-ZIP -CITY-ST-ZIP.-Grand Island FL - Francis EUSTIS Change Addition 💢 TITLE Delete TITLE VP / DIR NAME KEY, BYRON SUSAN KOREM NAME STREET ADDRESS STREET ADDRESS **626 MT HOMER ROAD** HOWER 626 MT CITY-ST-ZIP CITY-ST-ZIP eustis fl Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SIGNATURE REQUIRED

Date

Daytime Phone #