

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853703

1. Entity Name

LAKE AIRCRAFT, INC.

Principal Place of Business

LACONIA AIRPORT  
LACONIA NH 03246

Mailing Address

PO BOX 5336  
WEIRS BEACH NH 03247-5336  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 02-0312950

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

HAND, RONALD M. P.A.  
22 WEST MONUMENT AVENUE  
KISSIMMEE FL 32741

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	RIVARD, ARMAND E. 1396 GRANDVIEW BLVD. KISSIMMEE FL		
S	BUSSIERE, EMILE R. 15 NORTH ST. MANCHESTER NH		
TD	RIVARD, SHIRLEY 1396 GRANDVIEW BLVD. KISSIMMEE FL		
VD	RIVARD, BRUCE VARNEY PT. GILFORD NH		

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:

*Shirley Rivard* SHIRLEY RIVARD 1/31/01 (407) 847-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

FILED  
Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90095 049 \*\*\*158.75

00013902



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)