

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20477**

1. Entity Name

**LAKE LOTTA, LTD.**

Principal Place of Business  
**880 STATE ROAD 434 NORTH  
SUITE 7  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**880 STATE ROAD 434 NORTH  
SUITE 7  
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 26, 2001**

4. FEI Number **59-2503560**

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

**GOODMAN, LAUREN B.  
880 STATE ROAD 434 NORTH  
SUITE 7  
ALTAMONTE SPRINGS FL 32714**

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. Capital Contributions  
as Shown on record.

**\$8,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **S32112**  
NAME **LOTTA GP, INC.**  
STREET ADDRESS **880 STATE ROAD 434 NORTH STE 7**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED Gold**

9/5/01

407-788-6385

FILED

01 SEP 28 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0000213 AT

CR2E003 (5/01)

STAPLE CHECK HERE

# Lake Lotta, Ltd.

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202

September 26, 2001

Sean Toner  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

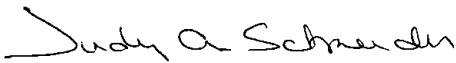
Subject: Lake Lotta, Ltd.  
Ref. Number: A20477

Dear Mr. Toner:

I am writing to let you know that we never received the first statement that was due in May. I didn't even know that this was a second notice until I called your office to ask why our check had been returned. I was told by Diane at your office that if I write this letter explaining that we did not receive the first invoice that they would waive the late fee.

If you have any questions, please feel free to call me at this office.

Sincerely,



Judy A. Schneider  
Comptroller

Enclosure: Check No: 3569