

2001 UNIFORM BUSINESS REPORT (UBR)

0010482 AF

DOCUMENT # A96000000805

1. Entity Name

LAKE MORTON, LTD.

Principal Place of Business

5015 SOUTH FLORIDA AVE., SUITE 409
LAKELAND FL 33813

Mailing Address

P.O. BOX 2294
LAKELAND FL 33806-2294

FILED

01 MAR 12 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3375015

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MADDEN, ROBERT L
5015 SOUTH FLORIDA AVE., SUITE 409
LAKELAND FL 33813

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.

\$30,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$30,000

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 # P96000036357
NAME THE MORTON GROUP OF LAKELAND, INC.
STREET ADDRESS 5015 SOUTH FLORIDA AVE., SUITE 409
CITY-ST-ZIP LAKELAND FL 33813

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

100003855031--4
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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:

THE MORTON GROUP OF LAKELAND, INC. ROBERT L. MADDEN
ROBERT L. MADDEN, PRESIDENT

3/9/01

Date

(863) 648-1001

Daytime Phone #

CR2E003 (11/00)