

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F14479

1. Entity Name

LAKE ENTERPRISES, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90077 034 ***150.00

Principal Place of Business

3757 N.W. 5TH AVENUE
BOCA RATON FL 33431

Mailing Address

3757 N.W. 5TH AVENUE
BOCA RATON FL 33431-5733

2. Principal Place of Business
14837 221st Road

3. Mailing Address
14837 221st Road

Suite, Apt. #, etc.
Live Oak, Florida

Suite, Apt. #, etc.
Live Oak, Florida

City & State

City & State

4. FEI Number 59-2165360

Applied For

Not Applicable

Zip
32060

Country
Suwannee

Zip
32060

Country
Suwannee

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

HOINES, DAVID A ESQ
1290 E OAKLAND PRK BLVD #200
FT. LAUDERDALE FL 33334

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LAKE, ROBERT F
3757 N.W. 5TH AVENUE
BOCA RATON FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LAKE, PHYLLIS J.
3757 N.W. 5TH AVENUE
BOCA RATON FL ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)