

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003985

1. Entity Name

DEL LAGO VENTURES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90014 049 \*\*\*150.00

Principal Place of Business 300 TECHNOLOGY COURT SMYRNA GA 30082	Mailing Address 300 TECHNOLOGY COURT SMYRNA GA 30082-5235
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>58-2475871</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LENKER, MAX</b> <b>300 TECHNOLOGY COURT</b> <b>SMYRNA GA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOLCH JR, CARL</b> <b>300 TECHNOLOGY COURT</b> <b>SMYRNA GA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BOLCH, SUSAN B</b> <b>300 TECHNOLOGY COURT</b> <b>SMYRNA GA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DUMBACHER, ROBERT J</b> <b>300 TECHNOLOGY COURT</b> <b>SMYRNA GA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORAN, ALLISON B</b> <b>300 TECHNOLOGY COURT</b> <b>SMYRNA GA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/AS/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/AS/COB</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/CF/AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *R. J. Dumbacher* **RECORDED** 4/20/2000 (770) 431-7600 x1188  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #