

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90034 049 \*\*\*150.00

DOCUMENT # **H00851**

1. Entity Name  
**2604 - 2640 S.E. LAKEVIEW DRIVE, INC.**

**C0024552**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2604-2640 SE LAKEVIEW DRIVE SEBRING FL 33870 US</b>	Mailing Address <b>% STEPHEN L. MILLER 2203 US 27 N. LAKE PLACID FL 33852-6023</b>
---	---

2. Principal Place of Business <b>1135 Peach Tree Drive</b>	3. Mailing Address <b>401 Dal Hall Boulevard</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lake Placid, Florida</b>	City & State <b>Lake Placid, Florida</b>	4. FEI Number <b>59-2441678</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33852</b>	Country <b>USA</b>	Zip <b>33852</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

**6. Name and Address of Current Registered Agent**

**SHEEHAN, J. TIMOTHY  
325 CENTRAL AVE  
LAKE PLACID FL 33852**

**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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
---	---	---	------------------------------------

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BHULLAR, K. S. 325 CENTRAL AVE. LAKE PLACID FL 33852</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SHEEHAN, J. TIMOTHY 325 CENTRAL AVE. LAKE PLACID FL 33852</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT BHULLAR, A. S. 325 CENTRAL AVE. LAKE PLACID FL 33852</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 employees.

SIGNATURE: *J. Timothy Sheehan* **2-18-00** (863) 465-1551  
 J. TIMOTHY SHEEHAN, Secretary Date Daytime Phone #

CR2E034 (9/99)

Attachment  
C0024552  
#H00851

SWAINE, HARRIS, SHEEHAN & McCLURE, P. A.  
ATTORNEYS AT LAW

BERT J. HARRIS, III  
J. MICHAEL SWAINE  
J. TIMOTHY SHEEHAN  
JOHN K. McCLURE  
KIMBERLY L. SAPP

425 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870-3702  
(863) 385-1549  
FAX: (863) 471-0008  
E-MAIL shsmlaw@ct.net

401 DAL HALL BLVD.  
LAKE PLACID, FL 33852-6561  
(863) 465-2811  
FAX: (863) 465-6999  
E-MAIL lplaw@ct.net

PLEASE REPLY TO:  
LAKE PLACID  
SEBRING

February 18, 2000

Division of Corporations  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

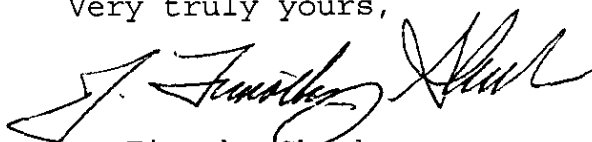
RE: 2604-2640 S.E. LAKEVIEW DRIVE, INC.

Dear Sir/Madam:

Please find enclosed Profit Corporation Annual Report for 2000 for the above corporation, together with a check in the amount of \$150.00 made payable to the Florida Department of State from the Stephen L. Miller DBA Banyan Plaza Management Account.

Thank you for your cooperation in this matter.

Very truly yours,

  
J. Timothy Sheehan

JTS:gl  
Enclosures  
xc: Client