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Secretary of State
02-03-2003 90043 011 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55009202

DOCUMENT # H01869

1. Entity Name

LAKE YALE PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13850 DONOVAN LN	P. O. BOX 350310
Suite, Apt. #, etc	Suite, Apt #, etc.
City & State: GRAND ISLAND, FL	City & State: GRAND ISLAND, FL
Zip: 32735 Country: USA	Zip: 32735 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2397951 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: LEROY R DONNELL

Street Address (P.O. Box Number is Not Acceptable): 2890 E CROOKED LAKE DR

City: EUSTIS FL Zip Code: 32726

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: LEROY R DONNELL, VP

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when filing) DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amendment/BRIs $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRAHAM, GEORGE, JR
STREET ADDRESS	541 BAY POINT ROAD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	VP/S/D
NAME	LEROY R DONNELL
STREET ADDRESS	2890 E CROOKED LAKE DR
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: LEROY R DONNELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #