

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H22888

1. Entity Name

LAKE COUNTY TREE FARMS, INC.

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

03-04-2000 90112 038 ***150.00

Principal Place of Business

12039 S.R. 33, SOUTH
GROVELAND FL 34736
US

Mailing Address

~~337 E. SUNSET ST.~~ 12007 S.R. 33, South
GROVELAND FL 34736-2841 Groveland, FL
US 34736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2462160

Applied For

Not Applicable

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

VANDUYNE, GILES O., JR.

~~337 E. SUNSET ST.~~ 12007 S.R. 33, South
GROVELAND FL 34736

Name

Van Dwyne, Martha

Street Address (P.O. Box Number is Not Acceptable)

12007 S.R. 33, South

City

Groveland

FL

Zip Code

34736

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

Martha Van Dwyne, Martha Van Dwyne

2/24/00

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	TD	<input checked="" type="checkbox"/> Delete
NAME	VANDUYNE, SUSAN H.	
STREET ADDRESS	1225 HAVENDALE BLVD. #229	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VANDUYNE, JR. G	
STREET ADDRESS	337 E. SUNSET ST.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VANDUYNE, MARTHA	
STREET ADDRESS	337 E. SUNSET ST.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Van Dwyne

Date

Daytime Phone #

2/24/00 352-429-4494

CR2E034 (9/99)