

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H61716

1. Entity Name

LAKE MONROE INN, INC.

Principal Place of Business

PO BOX 470400
LAKE MONROE FL 32747

Mailing Address

PO BOX 470400
LAKE MONROE FL 32747-0400

2. Principal Place of Business

2485 HWY 17-92

Suite, Apt. #, etc.

N/A

3. Mailing Address

PO BOX 470400

Suite, Apt. #, etc.

N/A

City & State

SANFORD FL

City & State

LAKE MONROE FL

Zip

32771

Country

SEMINOLE

Zip

32747-0400

Country

SEMINOLE

6. Name and Address of Current Registered Agent

GUSTAFSON, ALBERT D.
2485 N. HWY 17-92
SANFORD FL 32771

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

Albert D. Gustafson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GUSTAFSON, ALBERT D.	
STREET ADDRESS	2485 N. HWY. 17-92	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUSTAFSON, MARGARET A.	
STREET ADDRESS	2485 N. HWY. 17-92	
CITY-ST-ZIP	SANFORD FL 32771	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

Albert D. Gustafson Albert D. GUSTAFSON PRES. 1-23-20

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90010 031 ***158.75



DO NOT WRITE IN THIS SPACE