

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90110 017 ***150.00

DOCUMENT # H66229

1. Entity Name

SILVER LAKE SPRINGS DEVELOPMENT COMPANY

Principal Place of Business

**2025 WEST OLD HWY 441
 MT DORA FL 32757
 US**

Mailing Address

**2025 WEST OLD HWY 441
 MT DORA FL 32757
 US**

2. Principal Place of Business

3. Mailing Address

21405 WOLF BRANCH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MT DORA FL

4. FEI Number

59-2729044

Applied For

Not Applicable

Zip

Country

Zip

Country

32757

USA

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

**PULLUM, J. STEPHEN
 1330 W. CITIZENS BLVD.
 S-701
 LEESBURG FL 34748**

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

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, 2002 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 ☐ Delete
 NAME **DPT**
 STREET ADDRESS **MATSCHKE, JOHN J**
 CITY-ST-ZIP **2025 WEST OLD HWY 441
 MT DORA FL 32757**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **21405 WOLF BRANCH RD.**
 CITY-ST-ZIP **MT DORA FL 32757**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **JARVIS, SAM D.**
 CITY-ST-ZIP **11 OAKWOOD DRIVE
 STUART FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

3/27/02

Date

Daytime Phone #

CR2E034 (9/01)