

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H84164

1. Entity Name

ORCHID LAKE INVESTMENTS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90136 008 \*\*\*150.00

Principal Place of Business

Mailing Address

2739 US HWY 19  
 SUITE 201  
 HOLIDAY FL 34691  
 US

P.O. BOX 2108  
 ELPERS FL 34680-2108  
 US

2. Principal Place of Business

8801 RIVER CROSSING BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

City & State

4. FEI Number

59-2633849

Applied For

Not Applicable

Zip

Country

34655

USA

Zip

Country

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

HUDSON, JOHN E  
 2739 US HWY 19  
 SUITE 201  
 HOLIDAY FL 34691

Name

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

8801 RIVER CROSSING BLVD

City

NEW PORT RICHEY

FL

Zip Code

34655

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, 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 PD ☐ Delete  
 NAME HUDSON, JOHN E.  
 STREET ADDRESS 2739 US HWY 19, STE 201  
 CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☒ Change ☐ Addition  
 NAME 8801 RIVER CROSSING BLVD  
 STREET ADDRESS NEW PORT RICHEY, FL 34655  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME MINIERI, CARL  
 STREET ADDRESS 29656 US 19 N #100  
 CITY-ST-ZIP CLEARWATER FL

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

TITLE T ☐ Delete  
 NAME SILVA, SUSAN  
 STREET ADDRESS 2739 US HWY 19, STE 201  
 CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☒ Change ☐ Addition  
 NAME 8801 RIVER CROSSING BLVD  
 STREET ADDRESS NEW PORT RICHEY, FL 34655  
 CITY-ST-ZIP

TITLE S ☐ Delete  
 NAME SILVA, SUSAN  
 STREET ADDRESS 2739 US HWY 19, STE 201  
 CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☒ Change ☐ Addition  
 NAME 8801 RIVER CROSSING BLVD  
 STREET ADDRESS NEW PORT RICHEY, FL 34655  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

Date

Daytime Phone #

CR2E034 (9/99)