

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90094 006 \*\*\*150.00

**DOCUMENT # J39442**

1. Entity Name  
**LAKE CITY HOTEL OPERATING, INC.**

Principal Place of Business

**KNIGHTS INN  
 RTE 13 BOX 201  
 LAKE CITY FL 32055  
 US**

Mailing Address

**42 BRISTOL DRIVE  
 POST OFFICE DRAWER 2349  
 NORTH HILLS NY 11030  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3215027**

Applied For  
 Not Applicable

Zip

Country

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

**MEHTA, KRISHNA K.  
 C/O KNIGHTS INN  
 RT 13 BOX 201  
 LAKE CITY FL 32055**

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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD  
 MEHTA, KRISHNA K  
 42 BRISTOL DR  
 NORTH HILLS NY 11030** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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

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**  **7/26/02 516-365-3810**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

~~Attachment~~

**K.K.MEHTA, C.P.A, P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS

J3 9442

K.K.MEHTA, M.B.A, C.P.A.

kkmehtacpa@hotmail.com

42 BRISTOL DRIVE  
NORTH HILLS, N.Y.11030  
TEL (516) 365-3810 FAX (516) 365-2928

Date: July 26, 2002

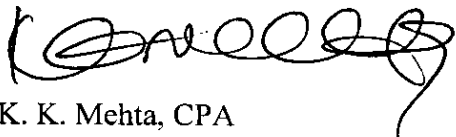
Florida Department of State  
Uniform Business Reports Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Lake City Operating Inc --- ID # 59-3215027

Dear Sir / Madam,

Enclosed with this letter please find a check of \$ 150 representing the filing fees. I would request you to please waive the penalty of \$ 400 as we had not received the earlier form. We thank you for your cooperation.

Yours Sincerely,



K. K. Mehta, CPA