

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90035 045 ***150.00

DOCUMENT # J69566

1. Entity Name

PET HARBOR OF LAKE COUNTY, INC.

Principal Place of Business

16868 NEW U.S. 441
MT. DORA FL 32757
US

Mailing Address

16868 NEWS U.S. 441
MT. DORA FL 32757
US

2. Principal Place of Business

3. Mailing Address

10601 US Hwy 441

21902 CR 44A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit A-7

City & State

Leesburg, FL

City & State

Eustis FL

Zip

38788

Country

LAKE

Zip

32736

Country

LAKE

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2808812

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

LILLIE, TROY
21902 CR 44-A
EUSTIS FL 32736

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, 2001 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 **P**
STREET ADDRESS **LILLIE, TROY**
CITY-ST-ZIP **21903 CR 44-A**
EUSTIS FL 32736

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **Audrey Rowland**
CITY-ST-ZIP **21902 CR 44A**
EUSTIS, FL 32736

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Bill Lillie**
CITY-ST-ZIP **21902 CR 44A**
EUSTIS, FL 32736

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Judi Lillie**
CITY-ST-ZIP **21902 CR 44A**
EUSTIS, FL 32736

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

TKoy Lillie

Date

4-24-01

Daytime Phone #

352-314-3636

CR2E034 (10/00)