

2001 UNIFORM BUSINESS REPORT (UBR)

0023110 AF

DOCUMENT # L00000003334

1. Entity Name

LAKE ESTATES HOUSING & DEVELOPMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 12 PM 1:27

Principal Place of Business

700 ANDERSON STREET
CLERMONT FL 34711

Mailing Address

700 ANDERSON STREET
CLERMONT FL 34711

2. Principal Place of Business

1380 Grand Highway
Suite, Apt. #, etc.
Suite 200

3. Mailing Address

5820 Medinah Way
Suite, Apt. #, etc.

City & State

Clermont

City & State

Orlando

4. FEI Number

59-3634 312

Applied For

Not Applicable

Zip

FL

Country

34711

Zip

FL

Country

32819

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYETTE, WADE

1380 GRAND HIGHWAY SUITE 200
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

Natvar Nana

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

5820 Medinah Way

City

Orlando

FL

Zip Code

32819

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CREGO, ROBERT
700 ANDERSON STREET
CLERMONT FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Wade Boyette
1380 Grand Highway, Suite 200
Clermont, FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
Natvar Nana
5820 Medinah Way
Orlando FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000003854710
-03/15/01--01095--014
*****50.00 *****50.00

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)