

2001 UNIFORM BUSINESS REPORT (UBR)

0023125 AF

DOCUMENT # L00000005282

1. Entity Name
LAKE MONTGOMERY ESTATES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 26 PM 12:44

Principal Place of Business
1380 GRAND HIGHWAY, SECOND FLOOR
CLERMONT FL 34711

Mailing Address
1380 GRAND HIGHWAY, SECOND FLOOR
CLERMONT FL 34711



2. Principal Place of Business
1311 S. Vineland Road

3. Mailing Address
1311 S. Vineland Road

DO NOT WRITE IN THIS SPACE

City & State
Winter Garden, FL

City & State
Winter Garden, FL

Zip
34787

Country

Zip
34787

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
BOYETTE, WADE
1380 GRAND HIGHWAY
CLERMONT FL 34711

7. Name and Address of New Registered Agent
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 _____

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Manager Robert A. Davis 1311 S. Vineland Road Winter Garden, FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Manager Wolfgang Dueren 1311 S. Vineland Road Winter Garden, FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Wade Boyette, as Trustee 1380 Grand Highway, Suite 200 Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8000003961618--2 -04/06/01--01008--005 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert A. Davis 3.24.01 407-656-5599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)