

2001 UNIFORM BUSINESS REPORT (UBR)

0006804 AF

DOCUMENT # L00000005463

1. Entity Name

LAKE HART INVESTMENTS, LLC

FILED
01 APR 16 PM 1:04

W4/19

Principal Place of Business

5511 HANSEL AVENUE
ORLANDO FL 32809

Mailing Address

5511 HANSEL AVENUE
ORLANDO FL 32809

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3662413

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SECIRST, ROBERT L III
5511 HANSEL AVENUE
ORLANDO FL 32809

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 D ☐ Delete
NAME RANY O. BURDEN
STREET ADDRESS 5511 Hansel Ave.
CITY-ST-ZIP Orlando, FL 32809

TITLE ☐ Change ☐ Addition
NAME 000004036650--2
STREET ADDRESS -04/20/01--01122--001
CITY-ST-ZIP *****50.00 *****50.00

TITLE D ☐ Delete
NAME DOUGLAS P. HOOKER
STREET ADDRESS 5511 Hansel Ave.
CITY-ST-ZIP Orlando, FL 32809

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

TITLE D ☐ Delete
NAME DOUGLS R. RUSSELL
STREET ADDRESS 5511 Hansel Ave.
CITY-ST-ZIP Orlando, FL 32809

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

TITLE D ☐ Delete
NAME ROBERT L. SECIRST III
STREET ADDRESS 5511 Hansel Ave.
CITY-ST-ZIP Orlando, FL 32809

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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)
SIGNATURE REQUIRED

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

4/9/01

Date

407/851-1519

Daytime Phone #

CP2E083 (11/00)