

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008311

1. Entity Name

LAKE MARY SUMMIT AT LAKE EMMA, LLC

FILED

01 OCT 12 PM 12:17

Principal Place of Business

Mailing Address

235 W. PARK AVENUE
WINTER PARK FL 32789

235 W. PARK AVENUE
WINTER PARK FL 32789

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Same As Above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Same As Above

City & State

4. FEI Number

59-3549765

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

HARDING, ROBERT L ESQ.
20 N. EOLA DRIVE
ORLANDO FL 32801

Name
Thomas C. Garo

Street Address (P.O. Box Number is Not Acceptable)
235 W. Park Avenue

City
Winter Park

FL Zip Code
32789

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

10-5-2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

800004640628--8
-10/18/01-01003-008
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
HONAN, SCOTT C
STREET ADDRESS 235 W. PARK AVENUE
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE NAME MGR
Thomas C. Garo
STREET ADDRESS 235 W. Park Avenue
CITY-ST-ZIP Winter Park, FL 32789 ☒ Change ☐ Addition

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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

9-25-2001

407-622-5267

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

Date

Daytime Phone #

CR2E083 (5/01)

STAYLE CHECK HERE