

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-16-2002 90075 037 ****50.00

DOCUMENT # L01000011056

1. Entity Name

LAKE REGION MULTIPLE LISTING NETWORK, LLC

Principal Place of Business

7374 STATE ROAD 21 NORTH
KEYSTONE HEIGHTS FL 32656

Mailing Address

7374 STATE ROAD 21 NORTH
KEYSTONE HEIGHTS FL 32656

86028



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

☒ 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

TAYLOR, JAMES J JR.
420 SOUTH LAWRENCE BLVD.
KEYSTONE HEIGHTS FL 32656

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

 TITLE **DIRECTOR** ☐ Delete
 NAME **TREVOR WATERS**
 STREET ADDRESS **7374 SR 21 N**
 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

 TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **TREVOR WATERS**
 STREET ADDRESS **7374 SR 21 N**
 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 TITLE ☐ Change ☐ Addition
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 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: **Trevor Waters**

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

Date

Daytime Phone #

4/1/02 352473-7777

CR2E083 (9/01)