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

03-20-2002 90041 034 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011155

1. Entity Name
LAKE WILSON PRESERVE, LC

Principal Place of Business
2479 ALOMA AVE
WINTER PARK FL 32792

Mailing Address
2479 ALOMA AVE
WINTER PARK FL 32792

85882

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number APPLIED FOR | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
ROBERT M. GARDNER, PA
2699 LEE ROAD
SUITE 320
WINTER PARK FL 32789

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE P
NAME Robert N Gardner
STREET ADDRESS PO Box 1748
CITY-ST-ZIP Winter Park FL 32790
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS / CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

CR2E083 (9/01)

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 2/20/02 4076791748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #