

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90039 050 ****55.00

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DOCUMENT # L02000010321

1. Entity Name

CLEAR LAKE ESTATES, LLC



Principal Place of Business

Mailing Address

C/O ROBERT B WHITE, JR., ESQ.
558 WEST NEW ENGLAND AVE
WINTER PARK FL 32789

C/O ROBERT B WHITE, JR., ESQ.
558 WEST NEW ENGLAND AVE
WINTER PARK FL 32789

2. Principal Place of Business

13620 Sunset Lakes Circle

Suite, Apt. #, etc.

3. Mailing Address

13620 Sunset Lakes Circle

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Winter Garden, FL

Zip

34787

Country

USA

City & State

Winter Garden, FL

Zip

34787

Country

USA

4. FEI Number

04-3680171

Applied For

☐ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITE, ROBERT B JR
558 WEST NEW ENGLAND AVENUE
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **GREEN, H. BRAXTON JR**
STREET ADDRESS **13620 SUNSET LAKES CIRCLE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

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

4/7/13 (407)656-9972
Date Daytime Phone #

CR2E083 (10/02)