

2002

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90326 003 \*\*\*150.00

DOCUMENT # L03720

1. Entity Name

Royal Oak Estates of Lake County, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2901 S. Street

3. Mailing Address

P.O. Box 492722

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Leesburg, FL 34738City & State  
Leesburg, FL 347494. FEI Number  
59-2967521Applied For.  
Not ApplicableZip  
34748Country  
USAZip  
34749-2722Country  
USA5. Certificate of Status Desired ☐\$8.75 Additional  
Fee RequiredDO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Walter LastitionStreet Address (P.O. Box Number is Not Acceptable)  
2901 South StreetCity  
Leesburg

FL

Zip Code  
34748

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D,P,S,T  
Lastition, Walter  
1013 Royal Oak Blvd  
Leesburg, FL 34748

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Lastition, Gary Lee  
1002 Royal Oak Blvd  
Leesburg, FL 34748

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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DO NOT WRITE  
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)