## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED DOCUMENT # L60201** Feb 16, 2000 8:00 am 1. Entity Name **Secretary of State** SOUTHLAKE, INC. 02-16-2000 90004 026 \*\*\*150.00 Principal Place of Business Mailing Address 333 US HWY 27 710 AVENIDA CUARTA CLERMONT FL 34711 SUITE 204 CLERMONT FL 34711-7558 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3016047 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6: Name and Address of Current Registered Agent Name CHAPMAN III, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 710 AVENIDA CUARTA SU!TE #204 CLERMONT FL 34711 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE CHAPMAN III. ROBERT L NAME NAME STREET ADDRESS 710 AVENIDA CUARTA #204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 STD ☐ Addition Delete ☐ Change TITLE PATTON, VICKY NAME NAME 2525 LANIER PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DURHAM NC 27705** CITY-ST-ZIP AUCHTER, THORNE MILLRA 95870 BANNONS MILLRA ☐ Addition TITLE ☐ Delete TITLE AUCHTER, THORNE .... NAME NAME 1711 N. STREET N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WASHINGTON DC 20036** BOSTON, VA 20036 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS مركز أو CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 in Block 12