

2001 UNIFORM BUSINESS REPORT (UBR)

0006972 AF

DOCUMENT # **L98000000376**

1. Entity Name
JOHN'S LAKE COMPANY, L.C.

FILED

01 APR 24 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**5640 BROOKLINE DRIVE
ORLANDO FL 32819**

Mailing Address

**5640 BROOKLINE DRIVE
ORLANDO FL 32819**



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

59-3505047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAXTER, CHARLES M III
5640 BROOKLINE DRIVE.
ORLANDO FL 32819**

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**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME **MGRM BAXTER, CHARLES M III** ☒ Delete
STREET ADDRESS **5640 BROOKLINE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE NAME **MGRM STANDLEE, JOAN** ☐ Delete
STREET ADDRESS **28415 LAKE INDUSTRIAL BLVD.**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MGRM Baxter Development Corp.** ☒ Change ☐ Addition
STREET ADDRESS **5640 Brookline Dr.**
CITY-ST-ZIP **Orlando FL 32819**

TITLE NAME **800004137558-7** ☐ Change ☐ Addition
STREET ADDRESS **-05/04/01--0112--010**
CITY-ST-ZIP *******50.00 *****50.00**

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

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-28-01 407-876-1443

CR2E083 (11/00)