2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800000376

1. Entity Name

JOHN'S LAKE COMPANY, L.C.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90573 028 ****50.00

Principal Pla	ce of Business	Mailing Address								
5640 BROOKLINE DRIVE ORLANDO FL 32819		5640 BROOKLINE DRIVE ORLANDO FL 32819				20003522				
					1100	I <mark>rio ana hada</mark> a kauda aa daa ad ool		102 001.00 42617 6	4818 8 111 1 88 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Nur	4. FEI Number 59-3505047 Applied For Not Applicable				
Zip	Country Zip Cou		Countr	у	5. Certifica	5. Certificate of Status Desired See Required				
	6. Name and Address of Current R	egistered Agent			7. Name a	nd Address of New Re	ealstered /		ea	
	TEN OF LABOR CO. A CHILD	. Name				7. Name and Address of New Registered Agent				
	TER, CHARLES M III	Character Adult								
) brookline drive. Ando FL 32819	Street Addres			dress (P.O. Box Num	s (P.O. Box Number is Not Acceptable)				
ONL	ANDO FL 32819								·	
			-	City		. . <u>.</u>	FL	Zip Coc	de	
8. The above	named entity submits this statement for	· · ·				. '				
the obligat	named entity submits this statement for ions of registered agent.	me purpose of changing its	registered	office or re	egistered agent, or b	ooth, in the State of Flor	ida. I am f	amiliar with,	and accept	
	_									
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable (NOTE	E: Bagistared A	cost signature	required when reinstating)					
		1		·	<u>-</u>		DATE			
		FILE NO							1	
		Make Check Payable	e to Flor	ida Depa	rtment of State					
			By May	1, 2003					1	
9.	MANAGING MEMBER	S/MANAGERS	10.		-	ADDITIONS/0	CHANGES			
TITLE	MGRM	☐ Delete	TITLE	i				☐ Change	☐ Addition	
NAME STREET ADDRESS	BAXTER DEVELOPMENT CORP.		NAME	-						
CITY-ST-ZIP	5640 BROOKLINE DRIVE			ADDRESS					l	
	ORLANDO FL 32819		CITY-ST	-ZIP						
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	STANDLEE, JOAN		NAME	1						
CITY-ST-ZIP	28415 LAKE INDUSTRIAL BLVD.			ADDRESS					1	
TITLE	TAVARES FL 32778		CITY-ST	- ZIP						
NAME		☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS -			NAME	UDDDECC.						
CITY-ST-ZIP		~ ~ · · · · · · · · · · · · · · · · · ·	STREET A							
TITLE		□ Delete	-							
NAME		L. Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS			STREET A	DDRESS					1	
CITY-ST-ZIP			CITY-ST-						J	
TITLE		□ Delete	TITLE	-					[T] Addis	
NAME		0 61910	NAME	ĺ		•	I	Change	Addition	
STREET ADDRESS			STREET A	DDRESS						
CITY-ST-ZIP			CITY-ST-	ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME				'			
STREET ADDRESS			STREET AI	DDRESS						
CITY-ST-ZIP			CITY-ST-	ZIP						
11 I hereby co	ertification the information of the Particular to	ce i iii								

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 provided to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ____