

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000140

1. Entity Name

LAKE LIMO OF LAKE COUNTY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 11:18

Principal Place of Business

11235 NORTHERN AVENUE
LEESBURG FL 34788

Mailing Address

11235 NORTHERN AVENUE
LEESBURG FL 34788-4352



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

321 SOUTH RIDGE IND. DR.

3. Mailing Address

321 SOUTH RIDGE IND. DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FL

City & State

TAVARES, FL

4. FEI Number

59-3551432

Applied For

Not Applicable

Zip

32778

Country

USA

Zip

32778

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAERTEL, JEFFREY A
11235 NORTHERN AVENUE
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name

JEFFREY A. HAERTEL

Street Address (P.O. Box Number is Not Acceptable)

321 SOUTH RIDGE INDUSTRIAL DR

City

TAVARES

FL

Zip Code

32778

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

JEFFREY A. HAERTEL, PRES.

Jeffrey A. Haertel

2/23/00

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

nf 3/14/00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME HAERTEL, JEFFREY A
STREET ADDRESS 11235 NORTHERN AVENUE
CITY-ST-ZIP LEESBURG FL 34788 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME HAERTEL, JEFFREY A. ☒ Change ☐ Addition
STREET ADDRESS 321 SOUTH RIDGE IND. DR.
CITY-ST-ZIP TAVARES FL 32778

TITLE
NAME 4000003178684-7 ☐ Change ☐ Addition
STREET ADDRESS -03/22/00--01003--012
CITY-ST-ZIP *****55.00 *****55.00

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

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

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

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

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 of the registrant or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jeffrey A. Haertel
JEFFREY A. HAERTEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/23/00

Date

352-742-2808

Daytime Phone #

CR2E083 (9/99)