

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004663

1. Entity Name

LAKE SHORE FLA INVESTMENTS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 27 AM 11:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6900 SOUTHPOINT DRIVE NORTH
SUITE 250
JACKSONVILLE FL 32216

Mailing Address

6900 SOUTHPOINT DRIVE NORTH
SUITE 250
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANKERS, GUS

6900 SOUTHPOINT DRIVE NORTH
SUITE 250
JACKSONVILLE FL 32216

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HYLAND REALTY AND INVESTMENT, INC.
6900 SOUTHPOINT DRIVE NORTH SUITE 250
JACKSONVILLE FL 32216 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SANKERS, GUS
6900 Southpoint Dr North Suite 250
Jacksonville FL 32216 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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 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 OR MANAGER

Date 9-22-00 Daytime Phone # 904-296-1112

CR2E083 (5/00)