

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007394

1. Entity Name

LAKESILVER, L.L.C.

Principal Place of Business

600 HIGHWAY 98 EAST
DESTIN FL 32540

Mailing Address

P.O. BOX 5354
DESTIN FL 32540-5354

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

DORMAN, JACK
600 HIGHWAY 98 EAST
DESTIN FL 32540

(MAL)
P.O. Box 5354
DESTIN, FL. 32540

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS CODENHEAD, CHRIS
CITY-ST-ZIP P.O. BOX 727
CRESTVIEW FL 32536 ☐ Delete

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

TITLE NAME MGRM
STREET ADDRESS DORMAN, JACK
CITY-ST-ZIP P.O. BOX 5354
DESTIN FL 32540 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003198272-9
CITY-ST-ZIP -04/06/00--01059--015
*****50.00 *****50.00

TITLE NAME MGRM
STREET ADDRESS GATES, MICHAEL
CITY-ST-ZIP 3 PLEW AVENUE
SHALIMAR FL 32578 ☐ Delete

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

TITLE NAME MGRM
STREET ADDRESS KNOPE, T. MARTIN
CITY-ST-ZIP P.O. BOX 727
CRESTVIEW FL 32536 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

3/20/00 850-654-1703

CR2E083 (9/99)