

2001 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

2. Principal Place of Business
523 BAYVIEW ST.

3. Mailing Address
Suite, Apt. #, etc.

City & State
DESTIN, FL

City & State

Zip
32541

Country
OKALOOSA

Zip

Country

4. FEI Number
59-3622872

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORMAN, JACK
600 HIGHWAY 98 EAST
DESTIN FL 32540

7. Name and Address of New Registered Agent

Name
JACK DORMAN

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

523 BAYVIEW ST.

City
DESTIN

FL

Zip Code
32541

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

Jack E. Dorman, Jr.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100004376191--4
-06/07/01--01105--015

*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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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:

Jack E. Dorman, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/01

Date

850-654-1788

Daytime Phone #

FILED

01 MAY -7 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE