

2000 UNIFORM BUSINESS REPORT (UBR)

0016702 AF

DOCUMENT # M99000001537

1. Entity Name
LAKELAND LODGES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:48

Principal Place of Business
5500 LILBURN-STONE MOUNTAIN ROAD
STONE MOUNTAIN GA 30087

Mailing Address
5500 LILBURN-STONE MOUNTAIN ROAD
STONE MOUNTAIN GA 30087-2841



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

58-2496685
APPLIED FOR

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
TANT, CLYDE R JR.
5500 LILBURN-STONE MOUNTAIN ROAD
STONE MOUNTAIN GA 30087

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ny 31/100

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CLARK, CLIFFORD M
6991 PEACHTREE INDUSTRIAL BLVD., STE 400
NORCROSS GA 30092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1140 Old Peachtree Rd., Ste. A
Duluth, GA 30096

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CLARK, DIANE A
6991 PEACHTREE INDUSTRIAL BLVD., STE 400
NORCROSS GA 30092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1140 Old Peachtree Rd., Ste. A
Duluth, GA 30096

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003156193--5
-03/03/00--01047--015
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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
CLYDE TANT, JR.

MANAGING MEMBER

Date

Daytime Phone #

CR2E083 (9/99)