

2002 UNIFORM BUSINESS REPORT (UBR)

4/1/02

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-01-2002 90168 032 ****61.25

DOCUMENT # N01000001604

1. Entity Name

SV/DR.'S LAKE PROPERTIES, INC.

Principal Place of Business

Mailing Address

**STRATFORD POINT BLDG
110 S STRATFORD RD. 5 FLOORING
WINSTON-SALEM NC 27104-4244**

**STRATFORD POINT BLDG
110 S STRATFORD RD. 5 FLOORING
WINSTON-SALEM NC 27104-4244**

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

56-2239909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**CAPITAL CONNECTION, INC.
417 E VIRGINIA ST, STE 1
TALLAHASSEE FL 32301**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WATERS, BRETT**
STREET ADDRESS **3334 HEALY DR, STE 301**
CITY-ST-ZIP **WINSTON-SALEM NC 27103**

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

TITLE **D** ☐ Delete
NAME **TIFFANY, BART**
STREET ADDRESS **3520 TRIAD CT**
CITY-ST-ZIP **WINSTON-SALEM NC 27107**

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

TITLE **D** ☒ Delete
NAME **GOETZ, GALEN**
STREET ADDRESS **3452 PAISLEY CIR**
CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE **Director** ☐ Delete
NAME **Anthony Edmonds**
STREET ADDRESS **645 Hayman Ct**
CITY-ST-ZIP **DeBary, FL 32713**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BOGEMURTH REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02
Date

336-728-3022
Daytime Phone #

CR2E037 (9/01)