

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90200 024 ****61.25

DOCUMENT # N01000001604

1. Entity Name

SV/DR.'S LAKE PROPERTIES, INC.



Principal Place of Business

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

Mailing Address

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

60015037



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-2239909**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired : ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ Delete
NAME **EDMONDS, ANTHONY**
STREET ADDRESS **645 HAYMAN CT**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **Director** ☐ Delete
NAME **Judith M. Dardik**
STREET ADDRESS **10433 Alameda Alma Rd**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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)(i), 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:

BRETT WATERS **REQUIRE** **Brett Waters**

3/21/03

336 794-3845

CR2E037 (10/02)

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003505

1. Entity Name

WINSTON POINT PROPERTIES, INC.



DEBTOR IN POSSESSION/CONTROL ACCT.
SV HOLY POINT PROPERTIES

110 S. STATFORD RD. 5TH FLR.
WINSTON SALEM, NC 27104

1009

66-1040/531
BRANCH 30145

PAY TO THE
ORDER OF

DATE 3/21/03

Florida Dept of State
Sixty one and 25/100

\$ 61.25

FIRST
UNION

First Union National Bank
firstunion.com
Org. 001 R/T 053110400

DOLLARS



FOR Not for Profit Business Report

00001009 053110400 2000013999559

TAMPA FL 33602

City

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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

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Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, BRETT 3334 HEALY DR., STE. 301 WINSTON-SALEM NC 27103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIFFANY, BART 3520 TRIAD CT. WINSTON-SALEM NC 27107	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONDS, ANTHONY 645 HAYMAN CT DEBARY FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Judith m. Durdik 10433 Alameda Alma Rd Germont, FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

BRETT WATERS REQUIRED

3/21/03

1361794-3845

CR2E037 (10/02)

0096875