

DOCUMENT # N96000003130

1. Entity Name

LAKE MONROE ROADKILLERS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90370 034 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

250 PARK AVENUE SOUTH, 5TH FLOOR
WINTER PARK FL 32789

POST OFFICE BOX 880
WINTER PARK FL 32790-0880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3413692

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

7. Name and Address of New Registered Agent

WHITE, W. GRAHAM
250 PARK AVENUE SOUTH, 5TH FLOOR
WINTER PARK FL 32789

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 \$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 PD ☒ Delete
NAME HAHN, LISA
STREET ADDRESS 250 PARK AVE S 5TH FLOOR
CITY-ST-ZIP WINTER PARK FL 32789

TITLE PD ☒ Change ☒ Addition
NAME Paul Hextell
STREET ADDRESS 250 Park Ave. S 5th Floor
CITY-ST-ZIP Winter Park FL 32789

TITLE TSD ☐ Delete
NAME LEE, MIKE
STREET ADDRESS 1330 BRADDOCK RD,
CITY-ST-ZIP DELTONA FL

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

TITLE VPD ☐ Delete
NAME WHITE, GRAHAM
STREET ADDRESS 250 PARK AVENUE SOUTH, 5TH FLOOR
CITY-ST-ZIP WINTER PARK FL 32789

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00 407-423-4246

CR2E037 (9/99)