

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005270

1. Entity Name

THE SEVEN LAKER, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90017 027 ****61.25

Principal Place of Business

Mailing Address

1965 SEVEN LAKES BOULEVARD
FORT MYERS FL 33907

1965 SEVEN LAKES BOULEVARD
FORT MYERS FL 33907-5708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0712796

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

BECKER & POLIAKOFF, P.A.
13515 BELL TOWER DRIVE, SUITE 101
FORT MYERS FL 33907

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	D	<input type="checkbox"/> Delete
NAME	CROMBE, JAMES	
STREET ADDRESS	7402 LAKE BREEZE DRIVE, #207	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROMBE, HELEN	
STREET ADDRESS	7402 LAKE BREEZE DRIVE, #207	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRIVISKY, SOL	
STREET ADDRESS	1747 PEBBLE BEACH DRIVE, #302	
CITY-ST-ZIP	FORT MYES FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUEBKE, DOROTHY	
STREET ADDRESS	1747 PEBBLE BEACH DRIVE, #208	
CITY-ST-ZIP	FORT MYES FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAY, WILLIAM	
STREET ADDRESS	7430 LAKE BREEZE DR. 502	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James G. Crombe* JAMES G. CROMBE

Date

Daytime Phone #

2/6/2000

482 1011

CR2E037 (9/99)