

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2001 8:00 am**  
**Secretary of State**

06-18-2001 90001 034 \*\*\*\*61.25

**DOCUMENT # N98000000507**

1. Entity Name

LAKE JANE ASSOCIATION, INC.

*(Handwritten: LA)*

Principal Place of Business

815 ORIENTA AVENUE,STE.5  
 ALTAMONTE SPRINGS FL 32701

Mailing Address

815 ORIENTA AVENUE,STE.5  
 ALTAMONTE SPRINGS FL 32701

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

59-3576018

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

WILSON, MICHAEL S  
 815 ORIENTA AVENUE,STE.5  
 ALTAMONTE SPRINGS FL 32701

Name

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

478 Lake Ave.

City

Longwood

FL

Zip Code

32750

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

*(Handwritten Signature: Michael S. Wilson)*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

6/8/01  
 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 ☐ Delete  
 NAME D  
 STREET ADDRESS PIEL, MIKE  
 CITY-ST-ZIP 476 LAKE AVE.  
 LONGWOOD FL 32750

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS WILSON, MIKE  
 CITY-ST-ZIP 478 LAKE AVE.  
 LONGWOOD FL 32750

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS MISLIVECEK, MEL  
 CITY-ST-ZIP 401 REIDER AVE.  
 LONGWOOD FL 32750

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS SHAMBLIM, JOHN  
 CITY-ST-ZIP 418 MAIN AVE.  
 LONGWOOD FL 32750

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS CORBITT, BOBBI  
 CITY-ST-ZIP 730 OAK STREET  
 LONGWOOD FL 32750

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)(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:

*(Handwritten Signature: Michael S. Wilson)*  
 as Director 6/8/01 407-532-5517