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2001 UNIFORM BUSINESS REPORT (UBR)

Aug 01, 2001 8:00 am Secretary of State DOCUMENT # N98000005765 LUTZ/LAKE FERN NEIGHBORHOOD GROUPS, INC. 08-01-2001 90200 004 ****61.25 Principal Place of Business Mailing Address 1315 ANGLERS LANE 1315 ANGLERS LANE LUTZ FL 33549 LUTZ FL 33548 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc.. City & State 4. FEI Number Applied For City & State 59-3538826 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 4 5VA 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) CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418 City 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) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITLE TIT! F WILSON, JANET NAME NAME 1315 ANGLERS LANE STREET ADDRESS STREET ADDRESS **LUTZ FL 33546** CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete PADGETT, LARRY NAME NAME 1315 ANGLERS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33546** CITY-ST-ZIP Change Addition ☐ Delete TITLE EPPERSON, JOEL R NAME 1315 ANGLERS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33546** CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE WILSON, FREDRICK G NAME 1315 ANGLERS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

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changed, or on an attachment with an address, with all other like empowered.

7-26-01

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