

2001 UNIFORM BUSINESS REPORT (UBR)

0120021 AT

DOCUMENT # P00000007406

1. Entity Name
LAKESTRAVEL.COM INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 AM 9:15

Principal Place of Business

26650 STATE RD. 54
LUTZ FL 33549

Mailing Address

26650 STATE RD. 54
LUTZ FL 33549

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 3620345

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REIBER, JACOB I
26650 STATE RD. 54
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name DEBRA A. EDWARDS
Street Address (P.O. Box Number is Not Acceptable)
5446 C.R. 581
WESLEY CHAPEL, FL
City FL Zip Code 33543

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 Debra A. Edwards DEBRA A. EDWARDS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 8/13/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WINKLER, LYNN	
STREET ADDRESS	6229 TOWER RD.	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINKLER, BERNARD	
STREET ADDRESS	6229 TOWER RD.	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, LARRY J	
STREET ADDRESS	7427 DRIFTING SAND DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33544	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, DEBRA A	
STREET ADDRESS	7427 DRIFTING SAND DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33544	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300004627313--9
CITY-ST-ZIP	-10/08/01--01078--017
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	****550.00 ****550.00
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra A. Edwards DEBRA A. EDWARDS 8/13/01 813 973-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)