

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071733

1. Entity Name

WEST LAKE LAND UTILITIES, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90042 015 ***158.75

Principal Place of Business
3900 SOUTH FLORIDA AVE
LAKELAND FL 33813

Mailing Address
3900 SOUTH FLORIDA AVE
LAKELAND FL 33813

2. Principal Place of Business

2901 Brooks St

Suite Apt. #, etc

Lakeland FL

City & State

3. Mailing Address

P.O. Box 2666

Suite Apt. #, etc

Eaton PK FL

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Additional Fee
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name: Suzanne A. Britt

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

2901 Brooks St

City: Lakeland

FL

Zip Code
33803

CORBETT, R. DENNIS
3900 SOUTH FLORIDA AVE
LAKELAND FL 33813

Delete

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

Suzanne G. Britt

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	NAME	CORBETT, R. DENNIS	☒ Delete
STREET ADDRESS			3900 SOUTH FLORIDA AVE	
CITY-STATE-ZIP			LAKELAND FL 33813	
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-STATE-ZIP				

12. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME	Suzanne A. Britt, Pres	☒ Change ☒ Add
STREET ADDRESS			2901 Brooks St	
CITY-STATE-ZIP			Lakeland FL 33840	
TITLE		NAME	Sam A. Averett, Vice	☐ Change ☒ Add
STREET ADDRESS			2901 Brooks St	
CITY-STATE-ZIP			Lakeland FL 33840	
TITLE		NAME		☐ Change ☐ Add
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		☐ Change ☐ Add
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		☐ Change ☐ Add
STREET ADDRESS				
CITY-STATE-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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Suzanne A. Britt, President

863 665-1248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Drawing Office