2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
03-21-2001 90008 037 ***150.00

A0035114

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000055118

1. Entity Name
LAKEFRONT MOTEL, INC.

Principal Place of Business	Mailing Address
1205 Beecher Street Lady Lake, FL 32159	1205 Beecher Street Lady Lake, FL 32159

2. Principal Place of Business	3. Mailing Address
1201 Beecher Street	P.O. Box 1299
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Leesburg, FL 34748	City & State: Lady Lake, FL 32159
Zip: 34748 Country:	Zip: 32159 Country:

4. FEI Number: 59-3257336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Turner, Sherrill B.
21726 US Highway 27
Leesburg, FL 34748

7. Name and Address of New Registered Agent

Name: Turner, Sherrill B.
Street Address (P.O. Box Number is Not Acceptable): 1201 Beecher Street
City: Leesburg FL Zip Code: 34748

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: SB Turner
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D/S ☑ Delete Turner, Sherrill B. 1205 Beecher Street Leesburg, FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/D ☑ Change ☐ Addition Turner, Sherrill B. 1201 Beecher Street Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SB Turner Sherrill B. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR