

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072524

1. Entity Name

LAKE AWESOME DEVELOPMENT COMPANY, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90129 008 ***150.00

Principal Place of Business 899 KNIGHTS TRAIL NOKOMIS FL 34275 US	Mailing Address 899 KNIGHTS TRAIL NOKOMIS FL 34275-3284 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0523265	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M
2033 MAIN STREET
SUITE 400
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name: Mike Euren
Street Address (P.O. Box Number is Not Acceptable): 2033 MAIN ST
Suite 600
City: SARASOTA FL Zip Code: 34237

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: Mike Euren Esquire

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/2000
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	VP DURHAM, DOUGLASS 899 KNIGHTS TRAIL NOKOMIS FL 34275 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BORING, STEELE D 8037 MIDNIGHT PASS ROAD SARASOTA FL 34238 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINSKI, J B 55 E. WASHINGTON ST., STE 3400 CHICAGO IL 60602 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/DIRECTOR Mike Pinski 17 MARQUETTE LANE KANKAKEE, IL 60901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR J.B. Pinski 435 L'AMBIANCE DRIVE LONGBEAT KEY, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 file 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, name, or title empowered.

SIGNATURE:

[Signature] PRESIDENT

4/25/2000
Date

941-485-1800
Daytime Phone #

CR2E034 (9/99)