

2000 UNIFORM BUSINESS REPORT (UBR)

0447980

DOCUMENT # P95000067219

1. Entity Name

EMERALD LAKE MINE, INC.

FILED

00 OCT 20 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4737 Highland PL Cir 1416 MEADOWBROOK AVENUE LAKELAND FL 33803 33813	Mailing Address 1416 MEADOWBROOK AVENUE LAKELAND FL 33813-2434
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2. Principal Place of Business 4737 Highlands PL Cir Suite, Apt. #, etc.	3. Mailing Address 4737 Highlands PL Cir Suite, Apt. #, etc.
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REINSTATEMENT

2000

City & State Lakeland FL	City & State Lakeland FL
Zip 33813	Country USA

4. FEI Number 59-3338372	Applied For Not Applicable
5. Certificate of Status Desired A	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRITT, SUZZANNE
1416 MEADOWBROOK AVENUE
LAKELAND FL 33803

Name
Suzanne Britt
Street Address (P.O. Box Number is Not Acceptable)
4737 Highlands Place Cir
City
Lakeland FL FL Zip Code
33813

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 A. Britt DATE 10-18-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRITT, SUZZANNE 1416 MEADOWBROOK AVENUE LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUTNER, TED 1416 MEADOWBROOK AVENUE LAKELAND FL 33803	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Suzanne Britt 4737 Highlands PL Cir Lakeland FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ted Butner 4737 Highlands PL Cir Lakeland FL 33813	<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 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: Suzanne A. Britt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-00 863 665 1748x25
Date Daytime Phone #

CR2E034 (9/99)

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