

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0113444 AV

DOCUMENT # P95000088490

1. Entity Name
LAKE COUNTY PROPERTIES, INC.



FILED

03 APR 14 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

Mailing Address
7575 DR. PHILLIPS BLVD
STE 305
ORLANDO FL 32819
US

2. Principal Place of Business

3. Mailing Address

390 N. Orange Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1100

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32801

4. FEI Number 59-3348740

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC.
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME BROWN, C. DAVID II
STREET ADDRESS 390 NORTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800017549878
CITY-ST-ZIP 04/30/03--01032--015 **150.00

TITLE DV ☐ Delete
NAME ROSEN, ROBERT T
STREET ADDRESS 390 NORTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME ALLIGOOD, RANDAL M
STREET ADDRESS 390 NORTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME MYERS, JANICE
STREET ADDRESS 390 NORTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert T. Rosen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert T. Rosen, Vice President

4/11/03

407 839-4200

Date

Daytime Phone #

CR2E034 (10/02)