## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

**SIGNATURE:** 

ith an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P95000088657 May 23, 2000 8:00 am Secretary of State SEBRING LAKESIDE GOLF RESORT, INC. 05-23-2000 90211 034 \*\*\*150.00 Mailing Address Principal Place of Business 603 LAKE SEBRING DRIVE 603 LAKE SEBRING DRIVE SEBRING FL 33870 SEBRING FL 33870-1418 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0650761 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAKER, MARK L Street Address (P.O. Box Number is Not Acceptable) 603 LAKE SEBRING DRIVE SEBRING FL 33870 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **VSTD** Change ☐ Delete TITLE BAKER, MARK L NAME NAME STREET ADDRESS STREET ADDRESS 1550 S.W. 67TH COURT CITY-ST-ZIP CITY-ST-7(P MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE BAKER, MARIA C NAME NAME STREET ADDRESS STREET ADDRESS 1550 S.W. 67TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 if