

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000806

1. Entity Name

LAKE HIGHLANDS ASSOCIATES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90147 001 *1,650.00

Principal Place of Business

Mailing Address

151 E. MINNEHAHA AVE.
 CLERMONT FL 34711

151 E. MINNEHAHA AVE.
 CLERMONT FL 34711-3424

2. Principal Place of Business

1414 Kuhl Ave
 Suite, Apt. #, etc.

3. Mailing Address

1414 Kuhl Ave
 Suite, Apt. #, etc.
 MP 2 Finance

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3372100

Applied For

Not Applicable

Zip

32806

Country

Orange

Zip

32806

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, DAVID L
 225 E. ROBINSON STREET
 SUITE 600
 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.

SIGNATURE

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 31, 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 **D** ☐ Delete
 NAME **GOLDSTEIN, PAUL**
 STREET ADDRESS **1414 KUHLE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **CD** ☐ Delete
 NAME **HILLENMEYER, JOHN**
 STREET ADDRESS **1414 KUHLE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **VCD** ☒ Delete
 NAME **HARELL, ROBERT M**
 STREET ADDRESS **1414 KUHLE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☒ Addition
 NAME **Karl Hodges**
 STREET ADDRESS **1414 Kuhl Ave**
 CITY-ST-ZIP **Orlando FL 32806**

TITLE **VPT** ☒ Delete
 NAME **KASSAB, JERRY**
 STREET ADDRESS **1414 KUHLE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **VP** ☒ Delete
 NAME **FULBRIGHT, JOAN**
 STREET ADDRESS **1414 KUHLE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **VPS** ☒ Delete
 NAME **ROWLAND, ROBERT**
 STREET ADDRESS **1414 KUHLE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)