## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000020168 May 05, 2000 8:00 am Secretary of State 1. Entity Name LAKE NONA MANAGEMENT COMPANY 05-05-2000 90001 029 \*\*\*150.00 Principal Place of Business Mailing Address 9801 LAKE NONA ROAD 200 S ORANGE AVE ORLANDO FL 32827 STE 2300 ORLANDO FL 32801-3455 US 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 59-3366124 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A.G.C. CO Street Address (P.O. Box Number is Not Acceptable) 200 S ORANGE AVE STE 2300 ORLANDO FL 32801 Zin 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPS TITLE Change TITLE Delete SILVERTON, VIVIENNE NAME NAME STREET ADDRESS 9801 LAKE NONA RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32827 ☐ Change ☐ Addition TITLE ☐ Delete THAKKAR, RASESH H NAME STREET ADDRESS 9801 LAKE NONA RD STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE VOSS, JEFFERSON R NAMÉ NAME 9801 LAKE NONA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE LYON, R RANDOLPH JR NAME NAME STREET ADDRESS STREET ADDRESS 9801 LAKE NONA RD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 of 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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

A STEVE

4/24/00

407-851-9091

Date

Daytime Phone #